Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 16-31**, **2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

PPLICATION FOR	_	2. DATE SUBMITTED		Applicant Identi	fler
EDERAL ASSISTANCE	'	3. DATE RECEIVED BY	STATE	State Application	on Identifier
TYPE OF SUBMISSION:	Pre-application			Federal Identili	or .
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Ledelarineum	u,
Non-Construction	Non-Construction				
APPLICANT INFORMATION			Organizational Unit		
egal Name:			Ognamment'	not how	m'\ c
Death Indu	estico_		Division:		΄ ΄
rganizational DUNS:	344117			A number of per	son to be contacted on matters
ddress:			Involving this appli	cation (give area	code)
treet:	-	The Part of the Pa	Prefix:	First Name:	
PO BEX 60	191	RECEIVE	Middle Name (
ity: Palo Kito		1 1 1		<u></u>	
'AUDDA''		MAR 3 0 2006	Last Name	حح	
State: Oh	Zip Code		Suffix		
CAI	9480	STATE CLEARING HO	Email: \ \		
country: U.S.P.	- <u>-</u>	The state of the s	The thirty	2000 600	Pax Number (give area code)
. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):	_			
	·		(680) 463	5-5600	(650) 5(6 - 1277)
TYPE OF APPLICATION:			1	1	K of fatti for Abbiggion - AbA
Ĩ <u>Ş</u> No	Ow Continuati	ion 🔲 Revision		W/N	
Revision, enter appropriate le see back of form for descriptio	mer(s) in dox(es) In of latters.)		Other (specify)	~ = com	munity
	. Т		A NAME OF FEDE	RAL AGENCY:	-3
Other (specify)			11. DESCRIPTIVE	Deat	at hacienthas
O. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	NCE NUMBER:			
			·		en cyolomery
TITLE (Name of Program);			of sim	٠٥٠ ر	33,040 x
12. AREAS AFFECTED BY P	POJECT Willes Count	ies. States, etc.):	Wahar /S		
			Electric		Beautification OF: b. Project
13. PROPOSED PROJECT	, CA 94306	2	14. CONGRESSION	VAL DISTRICTS	OF;
Start Date: ,	Ending Date:		a. Applicant		b. Project
7/1/06	1 7/1/11		16. IS APPLICATION	N SUBJECT TO	REVIEW BY STATE EXECUTIV
15. ESTIMATED FUNDING:		- 00	ORDER 12372 PRO	CESS?	N/APPLICATION WAS MADE (ATE EXECUTIVE ORDER 12372
a. Federal	\$,			
b. Applicant	\$.00	PROCE	SS FOR REVIE	W ON
	\$	- <u>-</u> 00	DATE:		
c. State			_ 5000	RAMISMOT CO	VERED BY E. O. 12372
d. Local	 		D. NO. LL.		
e, Other	5	.00	U copp	EVIEW	OT BEEN SELECTED BY STATE
f, Program Income	\$, ou	17. IS THE APPLIC	ANT DELINQUE	ENT ON ANY FEDERAL DEBT?
		TID III			on. E No
g, TOTAL	\$ 	•	Yes If "Yes" atta		••••
18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES I	Y AUTHORIZED BY II	HE GOVERNING BODY OF	PLICATION/PREAPP THE APPLICANT AN	ID THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
	:		N.A.	ile Name	
a. Authorized Representative Prefix	First Name			e cilc	
Last Name			Suff	ΪX	
(\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			c. <u>J</u> -	elephone Numbe	r (Give aroa code)
5 Tille					
b. Title O d. Signature of Authorized Re				late Signed , 1	8. 7000

			1 1 1		Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE	:	2. DATE SUBMITT	ED	Applicant	Identifier ing #06-055
		March 30, 2006 3. DATE RECEIVE	D BY STATE		lication Identifier
1. TYPE OF SUBMISSION: Application	Pre-application	l .			
Construction	Construction	4. DATE RECEIVE	D BY FEDERAL A	GENCY Federal Id	enutier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION			Organizatio	nal Unit:	
Legal Name:			Department Public Utilit		
City of Riverside Organizational DUNS:			Division:	93	
N/A - Governmental			Water	polophone number o	f person to be contacted on matters
Address: Street:			involving t	nis application (give	area code)
3900 Main Street		-IVED	Prefix: Dr.	First Nam David	e:
City	- I REU	EIVED	Middle Nam		
City: Riverside		A 2006	W.		
County: Riverside		3 0 2006	Last Name Ferguson		
State: CA	Zip Code 92512	HOUSE	Suffix:		
Country: USA	STATE CLE	ARING HOUSE	Email:	griversideca.gov	
6. EMPLOYER IDENTIFICATION		The state of the s		per (give area code)	Fax Number (give area code)
i	_		(951) 826-5	793	(951) 826-2498
95-6000769 8. TYPE OF APPLICATION:			7, TYPE OI	APPLICANT: (See	back of form for Application Types)
Z Ne	w 🗓 Continuation	n Revision	C - Municip		
If Revision, enter appropriate let	tter(s) in box(es)	(1	Other (spec	.i	
(See back of form for description	n of letters.)		1		
Other (specify)			9. NAME C	F FEDERAL AGENC	CY: in, Environmental Scientist)
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCE	IPTIVE TITLE OF A	PPLICANT'S PROJECT:
10. CATALOG OF FEBLARE	DOMESTIC ASSISTANT	66-60	Flume Wel	142-Inch Diameter W	ater Transmission Main Relocation
TITLE (Name of Program):		00-00	Across the	Santa Ana River Bed	d in Colton, CA
12. AREAS AFFECTED BY PE	•	s, States, etc.):	3		
City of Riverside and Riverside	County, CA		14 CONG	ESSIONAL DISTRI	CTS OF:
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicar	t	b. Project
July 1, 2006	September 30, 200	7	43rd - Hon	Ken Calvert	#3rd - Hon. Ken Calvert TTO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12	272 PROCESS?	
a. Federal	\$	477,900	a. Yes. Z	THIS PREAPPLICA	TION/APPLICATION WAS MADE E STATE EXECUTIVE ORDER 12372
USEPA b. Applicant	<u> </u>	00		PROCESS FOR RE	EVIEW ON
City of Riverside		1,022,100		DATE: March 30, 2	006
c. State					
d. Local	5		b. No.		COVERED BY E. O. 12372
e. Other	B	. uo		OR PROGRAM HA	S NOT BEEN SELECTED BY STATE
f. Program Income	3	ou	17. IS THE	FOR REVIEW	QUENT ON ANY FEDERAL DEBT?
		00			
g. TOTAL	· · · · · · · · · · · · · · · · · · ·	1,500,000		Yes" attach an explai	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	Y AUTHORIZED BY TH	E GOVERNING BOD	IS APPLICATION/ OY OF THE APPLIC	PREAPPLICATION A CANT AND THE APP	ARE TRUE AND CORRECT. THE PLICANT WILL COMPLY WITH THE
a, Authorized Representative				Middle Name	
Prefix Mr.	First Name David			H.	
Last Name Wright			j	Suffix	
b. Title	4-11-4	11	1		mber (give area code)
Public Utilities General Manag	egerhalyer /			(951) 826-5784 e. Date Signed	3-29-06
Jan W	PIVU TO	/		March 30, 2006	Standard Form 424 (Rev.9-200)
Previous Edition Usable Authorized for Local Reproduct	tion U		: 7		Prescribed by OMB Circular A-10

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State App	olication Identifier	
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal lo	dentifier	
☐ Non-Construction	☐ Non-Construction					
5. APPLICANT INFORMATION			Organizationa	I Unit		
Legal Name:			Department:	II OIIIC.		
Eskaton Properties, Incorporate	d		Division			
Organizational DUNS: 631506310			Division:			
Address:				ephone number of application (give	of person to be contacted on matters	
Street: 5105 Manzanita Avenue			Prefix:	First Nam	ne:	
City			Middle Name	Raymono		
City: Carmichael			W.			
County: Sacramento			Last Name Gee			
State: CA	Zip Code 95608-0598		Suffix:			
Country: USA		<u> </u>	Email: ray@eskaton.	ora		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			r (give area code)	Fax Number (give area code)	
94-2906316	_		(916) 334-0810	0	(916) 338-1248	
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See	b back of form for Application Types)	
V Nev	y 🔲 Continuatio	n Revision		•		
If Revision, enter appropriate lett	er(s) in box(es)	November 1	Other (anacify)			
(See back of form for description	of letters.)		Other (specify) O			
Other (specify)				EDERAL AGENC	CY: Urban Development	
10. CATALOG OF FEDERAL I	OOMESTIC ASSISTANCE	CE NUMBER:		•	PPLICANT'S PROJECT:	
TO. CATALOG OF TEDERAL	SOMEOTIO ACCIOTIVA				g for the Elderly Program	
TITLE (Name of Program):		14-157	(Section 202 F			
TITLE (Name of Program): Supportive Housing for the Elde	erly					
12. AREAS AFFECTED BY PR		s, States, etc.):				
Roseville; Placer County; Califo	rnia					
13. PROPOSED PROJECT	Ending Date:		a. Applicant	SSIONAL DISTRI	b. Project	
Start Date: 12/01/2006	06/01/2009		3rd		4th	
15. ESTIMATED FUNDING:			16. IS APPLIC		T TO REVIEW BY STATE EXECUTIVE	
a. Federal \$		00	ТЬ	HIS PREAPPLICA	TION/APPLICATION WAS MADE	
		5,819,931		AILABLE TO THI	E STATE EXECUTIVE ORDER 12372	
b. Applicant \$		25,000			IVIEW OIV	
c. State	CEIVED	O	D/	ATE: 03/28/2006		
d. Local	2006	500,000	b. No. 🔲 PF	ROGRAM IS NOT	COVERED BY E. O. 12372	
e. Other	MAR 3 6 2006	.00	1 1 1	R PROGRAM HAS	S NOT BEEN SELECTED BY STATE	
f. Program Income \$	TE CLEARING HOUS	5E 0.00			QUENT ON ANY FEDERAL DEBT?	
g. TOTAL ST	TE CLERO	6,344,931 ·	─ ☐ Yes If "Yes	s" attach an explar	nation. 🗵 No	
18 TO THE BEST OF MY KNO	WLEDGE AND BELIEF	. ALL DATA IN THIS AP	PLICATION/PRE	APPLICATION A	ARE TRUE AND CORRECT. THE	
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICAN	IT AND THE APP	LICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS A	AWARDED.				
Prefix	First Name			Middle Name W.		
Last Name	Raymond			Suffix		
Gee		MINIMA PROPERTY OF THE PROPERT			mber (give area code)	
b. Title Director of Development				(916) 334-0810	Time: (give area code)	
d. Signature of Authorized Repre	esentative Lainus	when		e. Date Signed	3/28/06	
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Version 7/03

APPLICATION FOR)		<u> </u>	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	tifier
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	ier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizationa	I Unit:	
Eskaton Properties, Incorporate	d		Department:		
Organizational DUNS: 631506310			Division:		
Address:					rson to be contacted on matters
Street: 5105 Manzanita Avenue			Prefix:	application (give are First Name:	a code)
				Raymond	
City: Carmichael			Middle Name W.		·
County: Sacramento			Last Name Gee		
State: CA	Zip Code 95608-0598		Suffix:		
Country: USA	AMERICAN STREET		Email: ray@eskaton.c	org	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)
94-2906316			(916) 334-0810)	(916) 338-1248
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)
☑ Nev	v 🔲 Continuatio	n 🔲 Revision			
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)		Other (specify)		
(Coo back of form for decompliant			0		
Other (specify)			9. NAME OF F US Departmen	EDERAL AGENCY: at of Housing and Urba	n Development
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPT	IVE TITLE OF APPLI	CANT'S PROJECT:
		14-157		upportive Housing for t	he Elderly Program
TITLE (Name of Program):			(Section 202 P	rogram)	
Supportive Housing for the Elde 12. AREAS AFFECTED BY PR		a States ato l:	_		
		s, states, etc.j.			
Dos Palos; Merced County; Cal	IIOTHA		14 CONGRES	SIONAL DISTRICTS	OF:
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SOUTAL DIOTRIOTO	b. Project
03/01/2007	12/01/2009		3rd		18th
15. ESTIMATED FUNDING:			16. IS APPLIC ORDER 12372		REVIEW BY STATE EXECUTIVE
a. Federal \$	***************************************	00 072 074	THE Year IZE TH	IIS PREAPPLICATION	I/APPLICATION WAS MADE
b. Applicant \$		2,973,871	Av	ROCESS FOR REVIEW	ATE EXECUTIVE ORDER 12372 V ON
	ENTIVED	10,000	- H	ATE: 03/28/2006	
c. State	I have the	0 .			
d. Local \$	MAR 3 0 2006	200,000	b. No. 🗇 PR	ROGRAM IS NOT COV	/ERED BY E. O. 12372
e. Other \$		0		R PROGRAM HAS NO OR REVIEW	T BEEN SELECTED BY STATE
f. Program Income	ATE CLEARING HO	USE 0.00	17. IS THE AP	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		3,183,871 ·	Yes If "Yes	" attach an explanation	n. 🛮 🗗 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	F, ALL DATA IN THIS AP	PLICATION/PRE THE APPLICAN	APPLICATION ARE T	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF a. Authorized Representative	THE ASSISTANCE IS A	AWAKUED.			
Prefix	First Name	All the second s		Middle Name W.	
Last Name	Raymond			Suffix	
Gee				c. Telephone Number	(give area code)
b. Title Director of Development				(916) 334-0810	(give area code)
d. Signature of Authorized Repre	esentative www	Whee		e. Date Signed 3/	28/06
Previous Edition Usable	17				Standard Form 424 (Rev.9-2003)

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APPLICATION FOR		2. DATE SUBMITTED		Applicant Iden	Version 7/03
FEDERAL ASSISTANCE					
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on identifier
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	ICY Federal Identif	ier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational	Unit:	
	d		Department:	-	<u> </u>
Eskaton Properties, Incorporate Organizational DUNS:	u		Division:		
631506310	Market Control		Secretary and	share number of no	roon to be contacted on matters
Address: Street:				application (give are	rson to be contacted on matters a code)
5105 Manzanita Avenue			Prefix:	First Name: Raymond	
City: Carmichael		-	Middle Name W.	1	
County: Sacramento			Last Name Gee		
State: CA	Zip Code 95608-0598		Suffix:		
Country: USA	The second secon		Email: ray@eskaton.o	rg	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)
94-2906316]		(916) 334-0810		(916) 338-1248
8. TYPE OF APPLICATION:		and the second s	7. TYPE OF AP	PLICANT: (See back	of form for Application Types)
✓ Nev	v 🗓 Continuatio	n 🔲 Revision			
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)	L	Other (specify)		
			O NAME OF F	DERAL AGENCY:	
Other (specify)			US Department	of Housing and Urba	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	CE NUMBER:	1	VE TITLE OF APPLI	
		1 4 - 1 5 7	Section 202 Su (Section 202 Pr	pportive Housing for t ogram)	he Elderly Program
TITLE (Name of Program): Supportive Housing for the Elde	erly			3 ,	
12. AREAS AFFECTED BY PR		s, States, etc.):			
Clearlake Oaks; Lake County; (California				
13. PROPOSED PROJECT	Tradia - Data			SIONAL DISTRICTS	OF: b. Project
Start Date: 12/01/2006	Ending Date: 12/01/2009		a. Applicant 3rd		6th
15. ESTIMATED FUNDING:			16. IS APPLICA		REVIEW BY STATE EXECUTIVE
a. Federal \$		1,124,640 ·	THI	S PREAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	-WED	00		OCESS FOR REVIEV	
c. State RE	CEIVED	10,000	H DA	TE: 03/28/2006	
	R 3 0 2006	0 00	, DD		/ERED BY E. O. 12372
		50,000	b. No.		T BEEN SELECTED BY STATE
f. Program Income STATE\$	CLEARING HOUSE	0 .	FOI	R REVIEW	NT ON ANY FEDERAL DEBT?
	And the state of t	0 .			
g. TOTAL \$		1,184,640		attach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT	APPLICATION ARE 1	NT WILL COMPLY WITH THE
a. Authorized Representative Prefix				Middle Name	· · · · ·
Last Name	First Name Raymond			W. Suffix	41
Gee			***	c. Telephone Number	(rive avec ands)
b. Title Director of Development			The state of the s		
d. Signature of Authorized Repre	esentative Personal	1 Whee	•	(916) 334-0810 e. Date Signed	106
L.					

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APPLICATION FOR						VEI3I011 7700
FEDERAL ASSISTANCE		2. DATE SUBMITTED	3/30/06	App	licant Ideni	kifler
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		Stat	e Applicati	on Identifier
Application	Pre-application		MEDERAL AC	SENCY FAR	asal Idamii	
☑ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AG	ENCY Fed	eral Identif	ler
Non-Construction	☐ Non-Construction					
5. APPLICANT INFORMATION Legal Name:			Organization	nal Unit:		
COUNTY OF SAN DIEGO			Department:		IC WORKS	•
Organizational DUNS:			Division:	FUDL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
00-95816	46		A1	RPORTS		
Address: Street:				la anniia-16an	/-by-	son to be contacted on matters
			Prefix:	Firs	Name: PE	TPA
1960 JOE CROSSON DR.			Middle Name		PE	IEK
EL CAJON						
County: SAN DIEGO			Last Name	RINKWATER		
State: CA	Zip Code 92020		Suffix:			
Country: USA			Emall:	ETER DRINK	NATER@s	dcounty.ca.gov
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN);			er (give area co		Fax Number (give area code)
95-6000934	· •		(619) 9	956-4800		(619) 956-4801
8. TYPE OF APPLICATION:					(See back	of form for Application Types)
☑ Nev	v 🗓 Continuation	n 🖺 Revision		,	(, дримини, д
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)	<u> </u>	B Other (specify	y)		
Other (specify)			9. NAME OF FEDERAL A	FEDERAL AN	SENCY:	ION
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:				CANT'S PROJECT:
		20-106		RPORT - RE		TE RUNWAY 9/27 PHASE I,
TITLE (Name of Program): AIRP	ORT IMPROVEMENT P	ROGRAM (AIP)				
12. AREAS AFFECTED BY PR			1			
RAMONA, SAN DIEGO COUNT	Y, CA					
13. PROPOSED PROJECT				SSIONAL DI		
Start Date: TBD	Ending Date: TBD		e. Applicant 52			b. Project 52
15. ESTIMATED FUNDING:	100	•		CATION SUB	JECT TO	REVIEW BY STATE EXECUTIVE
a, Federal \$		00		2 PROCESS?	LICATION	/APPLICATION WAS MADE
		610,750 `] a. Yes, 🛛 🥻	AVAILABLE TO	THE STA	ATE EXECUTIVE ORDER 12372
b. Applicant \$		29,010	F	PROCESS FO	R REVIEW	ON
c. State \$		3,135		DATE: BY 4/1	0/06 (Faxe	d to (916) 323.3018)
d, Local \$.00	b. No. 1	PROGRAM IS	NOT ÇQVI	ERED BY E. O. 12372
e. Other \$					1 HAS NOT	BEEN SELECTED BY STATE
f. Program Income \$		on		OR REVIEW PPLICANT DI	ELINQUEN	IT ON ANY FEDERAL DEBT?
g. TOTAL S	V-10-10-10-10-10-10-10-10-10-10-10-10-10-	642,895	Yes If "Ye	s" attach an e	xplanation.	. V A No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE (ALL DATA IN THIS APP	LICATION/PR	EAPPLICATION	ON ARE T	RUE AND CORRECT. THE
a. Authorized Representative		To a like the last of a				
Prefix	First Name PETER			Middle Name	L.	
Last Name DRINKWATER				Suffix		
D. Title DIRECTOR OF COUNTY AIRP d. Signature of Authorized Representation	ORTS - /					givo area code)
d. Signature of Authorized Repres	mun	The state of the s		e. Date Sign	eď	
Previous Edition Usable		THECHN	/ETV T	0	3/30/06	Slandard Form 424 (Rev.9-2003)
Authorized for Local Reproduction	7	I I have been have !	V Long land			Prescribed by OMR Circular A-102

MAR 3 0 2006

FEDERAL ASSISTANC	εE	2. DATE SUBMITTED	3/30/06	Applicant ld	Version 7	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	, , ,	State Applic	R9 Tracking #05-366 State Application Identifier	
Construction	☐ Construction	4. DATE RECEIVED 8	Y FEDERAL AGENC	Y Federal ide	ntifier	
Non-Construction	Non-Constructi	on				
5. APPLICANT INFORMATION Legal Name:	N					
,	. = .= =		Organizational Ur Department	nit:		
California State University Organizational DUNS:	ty, East Bay Four	ndation	· ·			
-	19-404-4335		Division:			
Address: Street:			Name and telepho	one number of p	person to be contacted on matter	
25976 Carlos Bee Bivd.	допинентичн	етини байна картан айтуу байна айтаат тайган айтаа айтуу байган айтуу	involving this app Prefix: Dr.	First Name:	rea code)	
City: Hayward	The state of the s	RECEIVED	Dr. Middle Name	Karina		
County:			Last Name Garbesi			
Alameda County State: CA	Zip Code	- MAR 3 0 2006	Garbesi Suffix:			
	Zip Code 94542		Ph.D.			
Country: US	ST	ATE CLEARING HOUS	E Karina.garbesi	ncsueasthay	edu	
6. EMPLOYER IDENTIFICATION	ON NUMBER (E/N):	NATIONAL AND	Phone Number (give	e area code)	Fax Number (give area code)	
94-1524922	<u> </u>		510-885-3172		510-885-2353	
8. TYPE OF APPLICATION:			7. TYPE OF APPL	CANT: (See ba	ck of form for Application Types)	
New See back of form for description	ter(s) in hovies!	ntion Revision	Non Profit Orga Other (specify)		,	
Other (specify)			9. NAME OF FEDE US EPA	RAL AGENCY:		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	ICANT'S PROJECT:	
TITLE (Name of Program): Surveys - Studies	_	66-606	Proposal to Con the Region 9 Er	ntinue the De ovironmental	velopment and Operation of Finance Center	
12. AREAS AFFECTED BY PR	OJECT (Cities, Count	ties, States, etc.):	1 .			
EPA Region 9		<u> </u>				
13. PROPOSED PROJECT Start Date:	Ending Date:		14. CONGRESSION	IAL DISTRICTS		
5/1/06	4/30/07		a. Applicant 13th		b. Project Region 9	
15. ESTIMATED FUNDING:			16. IS APPLICATIO	N SUBJECT TO	REVIEW BY STATE EXECUTIVE	
a. Federal \$		- w	ORDER 12372 PRO	CESS? REAPPLICATION	WAPPLICATION WAS MADE	
o. Applicant S		222,222	Jan 1991 Imm AVAILA	BLE TO THE ST	ATE EXECUTIVE ORDER 12372	
		37,815	PROCE	SS FOR REVIEW	W ON	
s. State \$. Du	DATE:	/30/06		
I. Local \$, vu	b. No. I PROGR	AM IS NOT COV	/ERED BY E. O. 12372	
Other \$.00		GRAM HAS NO	T BEEN SELECTED BY STATE	
Program Income \$,w	17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?	
, TOTAL S		260,037	Yes If "Yes" attac	h an evolanation	D71 No	
8. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF T	WLEDGE AND BELIE AUTHORIZED BY TH THE ASSISTANCE IS	F, ALL DATA IN THIS APP E GOVERNING BODY OF I AWARDED.	LOSTION PERSON			
. Authorized Representative refix	First Name		10.41			
ast Name (elly	James T		Middle Suffix	Name		
Title			Ph.D			
nterim Provost and Vice F Signature of Authorized Regres	resident, Acaden	nic Affairs	510-	ephone Number 885-3711	(give area code)	
revious Adition Usable	51 PC	()	e. Jat	e Signed	30/06	
ulhorized for Local Reproduction		ノ :			Standard Form 424 (Rev.9-2003	

FEDERAL ASSISTANCE	=	2. DATE SUBMITTED			Version 7/03
		March 30, 2006		Applicant Iden	titier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B		State Applicati	on Identifier
Construction	Construction	4. DATE RECEIVED BY FEDERAL AG		Y Federal Identif	ier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction		· · · · · · · · · · · · · · · · · · ·	R-9 Tracking #	\$06-065
Legal Name:			Organizational Ur	nit:	
Hi-Desert Water District			Department:		
Organizational DUNS: 081149304			Division:		
Address:			Name and telepho	one number of per	son to be contacted on matters
Street:			involving this app	lication (give area	a code)
55439 29 Palms Hwy			Prefix: 760-365-8333	First Name:	Parity Control of the
City: Yucca Valley			Middle Name	T UL	RECEIVED
County: San Bernardino			Last Name		MADOO
State:	Zip Code		Grady Suffix:		MAR 3 0 2006
CA Country:	92284		Frank		
U.S.A.			Email: patg@hdwd.com		STATE CLEARING HOUS
6. EMPLOYER IDENTIFICATION			Phone Number (giv	e area code)	Fax Number (give area code)
95-2303211			760-365-8333		760-365-0599
8. TYPE OF APPLICATION:			7. TYPE OF APPL	CANT: (See back	of form for Application Types)
If Revision, enter appropriate lett	er(s) in hov(es)	n 🔲 Revision	Special District		1. 21 7
(See back of form for description	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDE Environmental Prot	RAL AGENCY: ection Agency	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPLIC	ANT'S PROJECT:
		66-606	Project consists of	ongoing engineerir	ng studies, environmental work,
TITLE (Name of Program): Water Reuse Demonstration Programs	oject		geotech studies, ar	nd acquisition of ea	sements.
12. AREAS AFFECTED BY PR					
Yucca Valley, San Bernardino C	County, State of California	1			
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS O	F:
Start Date: 5/1/2006	Ending Date: 12/30/2007		a. Applicant		b. Project
15. ESTIMATED FUNDING:	12/30/2007		District 40	N SUBJECT TO E	Same REVIEW BY STATE EXECUTIVE
a. Federal		90	ORDER 12372 PRO	CESS?	1
		334,500	a. Yes. THIS P	REAPPLICATION/	APPLICATION WAS MADE
b. Applicant \$.00	PROCE	SS FOR REVIEW	TE EXECUTIVE ORDER 12372 ON
c. State \$.00	DATE:	March 30, 2006	
d. Local \$			b. No. 🔲 PROGR	AM IS NOT COVE	RED BY E. O. 12372
e. Other \$.00	OR PRO	OGRAM HAS NOT	BEEN SELECTED BY STATE
f. Program Income \$. 00	17. IS THE APPLIC	ANT DELINQUEN	TON ANY FEDERAL DEBT?
g. TOTAL \$		334,500	Yes If "Yes" atta	ch an explanation	₽ No
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF,	ALL DATA IN THIS ADI	DI ICATION/DDE ADDI	ICATION ADE TO	
ATTACHED ASSURANCES IF T	AU INURIZED BI INE (SUVERNING RODY OF	THE APPLICANT AN	D THE APPLICAN	T WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name		Middl	e Name	
Last Name	Lee		Suffix		
Pearl . Title					
General Manager Signature of Authorized Repres	contative O		760-3	ephone Number (gi 365-8333	ve area code)
Signature of Authorized Repres	e indive			te Signed h 30, 2006	

APPLICATION FOR

/	3 10		2. DATE SUBMITTED		;	Applican: l	conner	
PLICATION FO	JK CANOE		. '				7 71	
EDERAL ASSIST	Pre-applicat	nion	3. DATE RECEIVED E	BY STATE	,	State Appli	cation Identifier	
plication Construction	Constru	etion	4. DATE RECEIVED E	BY FEDERAL.	AGENCY	Federal Ide	ntifice	
Non-Construction	Non-Co	nstruction			· · · · · · · · · · · · · · · · · · ·		-	
APPLICANT INFORMAT	TON Perioide Remi	lation		Organization	al Unit: Manag	periode Rec	ulation	· ·
gal Name: Department of I	Calleion MoPa	,		1	Department of			
ganizational DUNS: 80321	997			Division: Di	rision of Admir	nis ua tivo Ser	vices ·	
ailing Address:		 .		Name and te	lephone numbe give area code)	r of person to	be contacted on	matters involving this
O Box 4015			POPULAR SOCIETIS ON ENGLISCON ALL STORY AND ROYS OF PORTUGATION FOR SINGLE AND SINGLE FOR SINGLE FO		,			
cramento, CA 95812-4015			Land Control of the Control	Prefix:			First Name: Dav	vid
reet: 001 I S uc et		TONE CONTRACTOR AND A LOUGH COMMUNICATION OF THE PARTY OF	MAR 3 0 2006				· .	
	·	STA	E CLEARING HOUS	Middle Nan	ne: Charles			
ity: Sacramento,			am scanner transcon transcon	Last Name:				
ounty: Sacramento			,,,	Tart Mallier	14 <u>1</u> 0¢±1. t)			
rate: California		Zip Code:	95814	Suffix:	•.			
ountry: U.S.A.				Emaîl: dmo	ca.1y@cdpr.ca.	gov		
EMPLOYER IDENTIFIC	ATION NUM	BER (EIN	i):	Phone Nun (916) 323-	iber (give area e 1995	code)	Fax Number (8 (916) 445-4149	(ive area code)
68-03	325102	<u>.</u>	1	1		LICANT: (S	ec back of form form	or Application Type
TYPE OF APPLICATIO	N'			7. A. State	1452 OF WEE	D/C/(
X No	w Con	noiteuri)	Revision	. 711				•
If Revision, enter appropriation of form for descri	te icaca(s) in a	s.)	2		16.5			
Sec Dags of John for descri				9. NAME U.S. Envir	OF FEDERAL onmental Prote	AGENCY: etion Agency		
Other (specify)			- MATAIN ABEN.	THE DECC	PIDTIVE TITI	E OF APPL	CANT'S PROJE	CT:
Other (specify) 10 CATALOG OF FEDER	AL DOMEST	10 assis 6 – 7 0	O	Pesticide I	Regulatory Edu	cation Progra	m (PREP)	• •
TITLE (Name of Program)	:		Contac analy	 		•	•	
12. AREAS AFFECTED I	BY PROJECT	(Cities, C	ounder street, etc).			**********************	ČVP.	
13. PROPOSED PROJEC	T			14. CONC	RESSIONAL	DISTRICTS	b. Project	
Start Date: 1/1/2006		Ending D	arc: 12/31/2006				Statewide	THE THEOLITIVE
15. ESTIMATED FUNDI	VG:			16, IS AP	PLICATION S			TATE EXSCUTIVE
15. ESTIMATED TOTAL			458.255.0		2372 PROCES		NAPPLICATIO	N WAS MADE
411444-4-	<u>\$</u>		438.223.	AVAILA	ble to the !	STATE EXE	cutive order	12372 PROCESS F
D. 7100 (1900)	<u>s</u>			REVIEW	ON			
	S			b. No		a is not co	VERED BY E.	D. 12372
e. Other	\$			- 4) (97)11	or prog	ram has n	OL BEEN PETE	C:ED B1 31X127
f. Program Income	\$			17. IS TI	IE APPLICAN			EDERAL DEBT?
18. TO THE BEST OF M								ID CORRECT. THE LL COMPLY WITH
ATTACHED ASSURAN	CES IF I DE	<u>ASSISTAN</u>	CE IS AWARDED.					
a. Authorized Representa	tive First Name				Middle Name	e		
Last Name	Mary-Ann				Suffix			• .
Warmerdam b, Title Director		5			c. Telephone	Number (giv	re area code)	
d Constant	d Rendranda	ive	· · · · · · · · · · · · · · · · · · ·		(916) 445-40 e. Date Sign	ed		
d. Stendard of Mathematic	WIJOU				December 1	5, 2005	Standard	Form 424 (Rev. 9-20
Previous Edinos Usable Authorized for Local Re	production			. •			Prescribed	by OMB Circular A-

Version 7/03

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

2. Authorized Representative
Profix
First Name
Mary-Ann

Last Name
Warmerdam

5. Titlo
Director
Signature of Authorized Representative
May 31, 2005

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

crevious Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

03/30/2006 11:06 9498241465		UCIRESE	ARCH		PAGE 01
APPLICATION FOR FEDERAL ASSISTANCE	A. DATE SUBM	IITTED	Appll. 40064	Identifier	
				oplication Identifier	
SF 424 (R&R)	3. DATE RECE	IVED BY STATE	Suits A	Spireation Identifier	
. * TYPE OF SUBMISSION	4. Federal Ide	ntifler			
Pre-application	16/2/21				
. APPLICANT INFORMATION	<u> </u>	* Organiza	tional DUNS: 046	7058490000	
Legal Name: Regents of the University of California,	Irvinė	47714			h., 9.
epartment: Sponsored Projects	^^^	Tice of Research Admin		***	
Street1: 300 University Tower	Street2:	- 1(/			
	unty: Orange	N - Para -	State: C	A ZIP Code	92897-7800
Country: USA	Parameter	ECFIVE			1/7
	-11	A Part			
Person to be contacted on matters involving this applic Prefix: * First Name:	Middle Name:	MAR 3 0 2006	Last Name:		Suffix:
Darlene	K.		Şujliyan	317	
Phone Number: 949-824-0341	ax Number: 949	1824-2004-ARING HI	Email: dks	ulliv@uci.edu	
		7. TYPE OF APPLIC			
95-2226406				ution of Higher Educat	lon
		Other (Specify);	4.		
I. TYPE OF APPLICATION: V New				Organization Type	- II - Ol d d
Resubmission Renewal Continuation	Revision	Women Owned		Socially and Economic	cally Disadvantage
f Revision, mark appropriate box(es).		9. • NAME OF FEDER	AL AGENCY:	 ,	
🔝 A. Increase Award 🔃 B. Decrease Award 🛄 C. I	orease Duration	Chicago Service Cent	er		
D. Decrease Duration . E. Other (specify)		10. CATALOG OF FE	DERAL DOMESTIC	ASSISTANCE NUME	ER:
' is this application being submitted to other agencies?	Yes No[3]	61.049			
What other Agencies?		TITLE: Office of Sci	ence Financial Assis	stance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJI	ECT:				***
Multiple-Time-Scale Gyrokinetic Particle Simulation wi				F., 1-4	manufaction of the second
12. * AREAS AFFECTED BY PROJECT (cities, count	lles, states, etc.)				
International					
13. PROPOSED PROJECT:		14. CONGRESSION	L DISTRICTS OF:		
Start Date * Ending Date		a. * Applicant		b. * Project US-all	
09/30/2009		48		05-811	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO Prefix: "First Name:	OR CONTACT INF Middle Name:	ORMATION	* Last Name:		Suffix:
or. Zhihong	MINUTE INGITE.		Lin		PhD
Position/Title: Professor and PI	* Organizati	on Name: Regents of t	the University of Cali	fornia, irvine	
Department: Physics & Astronomy	Division:	Physical Sc	lences		· · · · · · · · · · · · · · · · · · ·
Street1: 4129 Frederick Reines Hall	Street2:		- _m /1 Fs		
City: Irvine C	ounly: Orange		* State:	CA ZIP Cod	e; 92697-4575
Country: USA	Loques	this of	a المستحدد، -ر. پ		
Phone Number: 949-824-2717	Fax Number: 949	-824-2174	• Email: zh	ihongl@uci.edu	
			- Albi -		D Mush 1010 0
Post-It* Fax Note 7671 Date	# of pages	2_			B Number: 4040-0 tion Date: 04/30/2
To Grap Coording from D	Where Sulli	(COA)		LAPIIC	5310. 57766/21
Co.					
Bhana #					
Phone # (5/6) Phone # Fax # 6	149-624-03	41			

03/30/2006 11:06 9498241465 UCIRESEARCH PAGE Page 2 SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 16. ESTIMATED PROJECT FUNDING a. YES 🗸 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 a. * Total Estimated Project Funding 301,925.00 PROCESS FOR REVIEW ON: b. Total Federal & Non-Federal Funds 301,925.00 DATE: 03/30/2006 c, * Estimated Program Income b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the etatements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ * lagroo * The list of certifications and essurances, or an internat site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Suffix: * Last Name: Middle Name: Prefix: * First Name: Sullivan Darlene Regents of the University of California, Irvine * Organization: * Position/Title: Grants Officer Division: Office of Research Admin. Sponsored Projects Department: Street2: * Street1: 300 University Tower * ZIP Code: 92697-7600 State: CA County: Orange City: Irvine USA * Country: dksultiv@uci.edu * Phone Number: 949-624-0341 Email: Fax Number: 949-824-2094 * Date Signed * Signature of Authorized Representative Completed on submission to Grants.gov Completed on submission to Grants.gov Acc Allectanent toward transference Letera Adecement 20. Pre-application

OMB Number: 4040-0001

Expiration Date: 04/30/2008

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE				TYPE OF SUBMISSION: Non-Construction				
Pa. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:			STATE APPLICATION II	DENTIFIER:			
03/10/06	4. DATE RECEIVE	=n·		GRANT NUMBER:				
2b. APPLICATION ID:		-0.						
06VS060924	03/10/06			1				
5. APPLICATION INFORMATION			NAME AND CO	NTACT INFORMATION FO	OR PROJECT DIRECTOR OR OTHER			
LEGAL NAME: Community Development Commi DUNS NUMBER: 961608163	ssion ofthe County ofI	Los Angeles	PERSON TO BI area codes): NAME: Linda A	E CONTACTED ON MATTE	ERS INVOLVING THIS APPLICATION (give			
ADDRESS (give street address, city, state an	d zip code):			UMBER: (323) 838-7730				
2 Coral Circle	,		FAX NUMBER:					
Monterey Park CA 91755				IAIL ADDRESS: linda.alexa	inder@lacdc.org			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF AF	FLICANI.	The second secon			
953777596		4.		mment, Municipal	RECEIVED			
a TIPE OF APPLICATION.				•				
8. TYPE OF APPLICATION:	NULATION!				MAR 2 9 2006			
X NEW CONTI	NUATION		STATE CLEARING HOUSE					
REVISION		<u> </u>						
If Revision, enter appropriate letter(s) in box	f Revision, enter appropriate letter(s) in box(es):			STATE CLEARING TICK				
A. Increase Award B. Decrease Award C. Increase Duration			,		The state of the s			
D. Decrease Duration	D. D. Sarana Duration							
		<u> </u>	Corpor		al and Community Service			
10a. CATALOG OF FEDERAL DOMESTIC A	SSISTANCE NUMBE	R: 94.013		TIVE TITLE OF APPLICAN	I'S PROJECT.			
10b. TITLE: VISTA State			Public Hou	sing Resident Programs				
12. AREAS AFFECTED BY PROJECT (List	Cities, Counties, Stat	es, etc):			the state of the s			
Los Angeles County			Program Type: Standard Cost Share: 14. PERFORMANCE PERIOD: START DATE: END DATE: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE					
2007.11.8								
13. PROPOSED PROJECT: START DATE:	07/09/06 END	DATE: 07/04/07						
15. ESTIMATED FUNDING:			16. IS APPLIC ORDER 1237		NEW BY STATE EXECUTIVE			
a. FEDERAL	\$ 0.00		ORDER 1207	IS DEEADDI ICATION/APP	PLICATION WAS MADE AVAILABLE			
b. APPLICANT	\$ 236,744.00		TO	THE STATE EXECUTIVE (VIEW ON:	ORDER 12372 PROCESS FOR			
c. STATE	\$ 0.00	:	DA					
d. LOCAL	\$ 0.00)						
e. OTHER	\$ 221,842.00)	-		ON ANY PEDERAL DERTS			
f. PROGRAM INCOME	\$ 0.00)	17. IS THE A	PPLICANT DELINQUEN I YES if "Yes," attach ai	ON ANY FEDERAL DEBT? n explanation. X NO			
g. TOTAL	\$ 458,586.00	0 * 5						
18. TO THE BEST OF MY KNOWLEDGE A DULY AUTHORIZED BY THE GOVERNIN IS AWARDED.	ND BELIEF, ALL DA' G BODY OF THE AP	TA IN THIS APPLICAPPLICANT AND THE	ATION/PREAPPL APPLICANT WIL	L COMPLY WITH THE AT	TACHED ASSURANCES IF THE ASSISTANCE			
a. TYPED NAME OF AUTHORIZED REPR	ESENTATIVE:	b. TITLE:						
Carlos Jackson	*	Executive Direc	ctor		(323) 890-7400			
					d. DATE: 03/10/06			

APPLICATION FOR					Version 7/03
FEDERAL ASSISTA		2. DATE SUBMITTED		Applicant Ider	ntifier FI 405-3010
1. TYPE OF SUBMISSION Application	: Pre-application	3. DATE RECEIVED BY Califo		State Applicat	ion Identifier
☐ Construction	☐ Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identi	fier
Non-Construction 5. APPLICANT INFORMA	Non-Construction		· · · · · · · · · · · · · · · · · · ·		V-96933701-01 04-11
Legal Name:	IION		Organizational Unit:		
City	of Los Angles Department of	Water and Power	Department:	I D	
Organizational DUNS:		Trator and 1 office	Division:	ngeles Departin	nent of Water and Power
Address:	361546612			r Resources	
Street:	N. d. H. Grand		involving this application		rson to be contacted on matters a code)
111	North Hope Street, Room14	160	Prefix:	First Name:	Mark
City: Los Angeles			Middle Name J.	1	Main
County: Los Angeles			Last Name Aldrian		
State: California	Zip Code 90012-2	607	Suffix:		
Country: USA			Email:		
6. EMPLOYER IDENTIFIC	ATION NUMBER (EIN):		Phone Number (give a	rian@ladwp.coi rea.code)	m Fax Number (give area code)
95-60007			(213) 3670968		(213) 367-0939
8. TYPE OF APPLICATIO	N:		1	NT: (See bac	k of form for Application Types)
	New Continuation	n 🔲 Revision	İ	nicipal	,
If Revision, enter appropriations (See back of form for descr	te letter(s) in box(es) iption of letters.)		Other (specify)	пораг	
Other (specify)		Ш	9. NAME OF FEDERA	AL AGENCY:	HOEDA
10. CATALOG OF FEDER	RAL DOMESTIC ASSISTANCE	CE NUMBER:	11. DESCRIPTIVE TIT	TI E OE APPI I	USEPA CANT'S PROJECT:
				wood Operable	
TITLE (Name of Program):		66-802		and Maintenand	
Remedial Cleanups 12. AREAS AFFECTED B	Y PROJECT (Cities, Counties	S States ato I			
I .	of Los Angeles, Los Angeles	•	•		
13. PROPOSED PROJEC		Oddity, California	14. CONGRESSIONA	I DISTRICTS	OE.
Start Date:	Ending Date:		a. Applicant		b. Project
8/1/06 15. ESTIMATED FUNDING		6/30/07	City of Los Ar		NHOU O&M REVIEW BY STATE EXECUTIVE
a. Federal		00			,
	\$	426,853 · · · · · · · · · · · · · · · · · · ·	a. Yes. AVAILABL	APPLICATION LE TO THE STA	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant	S = N/FD	47,428		S FOR REVIEV	
c. State	RECEIVED	.00	DATE: W	ill give you date	e when letter is ready
d. Local	MAR 2 9 2006		b. No. 🔟 PROGRAI	M IS NOT COV	'ERED BY E. O. 12372
e. Other	\$.00			T BEEN SELECTED BY STATE
f. Program Income ST	AFE CLEARING HOUS	.00	FOR REV		NT ON ANY FEDERAL DEBT?
g. TOTAL	San	474,281 ·	☐ ☐Yes If "Yes" attach	an explanation	ı. 🛭 No
DOCUMENT HAS BEEN D	KNOWLEDGE AND BELIEF ULY AUTHORIZED BY THE S IF THE ASSISTANCE IS A	, ALL DATA IN THIS AP	PLICATION/PREAPPLIC THE APPLICANT AND	CATION ARE T THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representati	ve				
Mr.	First Name Thon	nas	Middle	Name M.	
Last Name Erb			Suffix		
	of Water Resources		c. Teler	phone Number	(give area code)) 367-0873
d. Signature of Authorized I	Representative Dun	orm. Et	e. Date	Signed 3/z	206
Previous Edition Usable Authorized for Local Repro-		<u> </u>		-/-	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR				OMB Approval No. 0348-004			
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED March 21, 2006		Applicant Identifier			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application Identifier			
Application	Preapplication		(======				
Construction	Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
Non-Construction 5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organizational Unit:				
Mattole Restoration (Council		N/A				
Address (give city, county, State,	and zip code):		1 '	number of person to be contacted on matters involving			
PO Box 160		•	this application (give a	(707) 629-3514 phone			
Petrolia, CA 95558				e.org (707) 629-3577			
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	<u> </u>		ANT: (enter appropriate letter in box)			
68-0037				N			
			A. State	H. Independent School Dist. I. State Controlled Institution of Higher Learning			
8. TYPE OF APPLICATION:			B. County C. Municipal	J. Private University			
✓ New	v Continuation	Revision	D. Township	K. Indian Tribe			
If Revision, enter appropriate lett	ter(s) in box(es)		E. Interstate	L. Individual			
in tonicion, cinci appropriati			F. Intermunicipal	M. Profit Organization			
A. Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify) Non-profit			
D. Decrease Duration Other(specify):		O NAME OF FEDER	AL ACENCY:			
			9. NAME OF FEDERAL AGENCY: USDA				
	CHECTIC ACCIOTANCE N	IMPER.		TLE OF APPLICANT'S PROJECT:			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N		. 1				
er i grand gra		1 0 - 7 6 6	Fire Safety Facil	ities for the Mattole Watershed			
	Development Commi						
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties, St.	ates, etc.):					
Whitethorn, Ettersburg, H	loneydew, Petrolia: Hu	ımboldt, CA	en alast anglasena a sa ana ang kanay sa ang ang	and the state of t			
13. PROPOSED PROJECT	14. CONGRESSIONAL D		A Love of the Headers and edited to have	Profitation Autobases			
Start Date Ending Date	a. Applicant		h Project	SSE TEN TECHNISE ME DE LENS ARRESTS ETC.			
5/6/06 8/6/06		istrict		1st. District			
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE			
			ORDER 12372 PI	ROCESS?			
a. Federal	\$	00					
		37,225		APPLICATION/APPLICATION WAS MADE			
b. Applicant	\$	7,865	i	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:			
- 01-1-	2 2	00	-	FORREVIEW ON.			
c. State	TEIVED I	•	DATE				
d. Local	\$.00	1				
NAME	2 7 2006		b. No. PROGR	AM IS NOT COVERED BY E. O. 12372			
e. Other	\$	19,120		GRAM HAS NOT BEEN SELECTED BY STATE			
	LEARING HOUSE		FOR RE	VIEW			
f. Program Income STATE	LEARING TIO	.00	47 IS THE ADDITION	NT DELINQUENT ON ANY FEDERAL DEBT?			
TOTAL	S	. 00	┥				
g. TOTAL		64,210		attach an explanation.			
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AI	L DATA IN THIS APPLIC	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE			
			TE APPLICANT AND I	HE APPLICANT WILL COMPLY WITH THE			
a. Type Name of Authorized Rep		b. Title		c, Telephone Number			
Chris Larson		Executive Director		1907/629-3514			
d. Signature of Authorized Repre		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e e	e. Date Signed			

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3 20 2006 Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

Application fo	or Federal Assis	stance SF-424		Version 02			
* 1. Type of Subm Preapplication Application Changed/Corre		* 2. Type of Application: New Continuation Revision	* If Revision, select appropriate letter(s): * Other (Specify)	RECEIVED			
* 3. Date Received		4. Applicant Identifier:		MAR 2 7 2006			
5a. Federal Entity			* 5b. Federal Award Identifier:	STATE CLEARING HOUSE			
State Use Only:							
6. Date Received t	by State:	7. State Application	on Identifier:				
8. APPLICANT IN	FORMATION:	The second secon					
* a. Legal Name:	Boat People SOS, In	nc.					
* b. Employer/Taxp 54-1563619	payer Identification Nu	umber (EIN/TIN):	* c. Organizational DUNS:				
d. Address:							
* Street1: Street2: * City: County: * State: Province: * Country: * Zip / Postal Code:			VA: Virginia ÚSA: UNITED STATES				
e. Organizational Department Name:			T				
Survivor Services			Division Name:				
f. Name and conta	act information of p	erson to be contacted on	matters involving this application:				
Prefix: Middle Name:	ggeman	* First Nam					
Title: Director of St	urvivor Services Depa	artment					
Organizational Affilia Boat People SOS, Ii							
* Telephone Number	r: 703-538-2190		Fax Number: 703-538-2191				
* Email: jean.brug	ggeman@bpsos.org						

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
Cities (specify).	
* 40 Nove of First Land	
* 10. Name of Federal Agency: Office for Victims of Crime	
11. Catalog of Federal Domestic Assistance Number:	
16.582 CFDA Title:	
Crime Victim Assistance/Discretionary Grants	
* 12. Funding Opportunity Number:	
OVC-2006-1290	
Title:	
OVC FY 06 Public Awareness in Underserved Communities	
and interest of the communities	
3. Competition Identification Number:	
·	
Title:	
-	
4. Areas Affected by Project (Cities, Counties, States, etc.):	
louston, TX and Orange County, CA and surrounding areas	
15. Descriptive Title of Applicant's Project:	
ommunity Against Domestic Violence Public Awareness Campaign (CADV-PAC)	
tach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments. View Attachments	

Application	for Federal Assis	tance SF-424					- Aprilation	Date: 07/31/2006
	onal Districts Of:							Version 02
* a. Applicant	VA11			* 5. 1	Drogram /D ! .			
Attach an additi	onal list of Program/Pro	ect Congressional Distri			Program/Projec	ct TX9		
	gressionalDistricts.doc	Add Attachment						
17. Proposed P		, do , madminem	Delete Atta	chment View	Attachment	•		
* a. Start Date:	•							
18. Estimated F					* b. End Dat	e: 09/30/2008		
* a. Federal	unung (\$).		3					
* b. Applicant		50,000.00						
* c. State		0.00						
* d. Local		0.00						
* e. Other		0.00						
* f. Program Inco	omo [0.00						
* g. TOTAL	Silie	0.00						
		50,000.00 By State Under Execu						
21. *By signing therein are true, to comply with any may subject me	his application, I certificomplete and accurate resulting terms if I actor criminal, civil, or actor criminal, civil, civ	ny Federal Debt? (If "Y relanation y (1) to the statements to the best of my know cept an award. I am av iministrative penalties , or an internet site wher	contained i owledge. I a vare that any . (U.S. Code	n the list of ce lso provide th / false, fictitio , Title 218, Sec	rtifications** ; e required as us, or fraudul ction 1001)	surances** an ent statement	id agree to s or claims	
Specific instruction Authorized Repre	· · · · · · · · · · · · · · · · · · ·		- , - uu, o.	ram tho hot, is	contained in tr	e announceme	nt or agency	
	ssentative:							
Prefix:		* First Na	me: Debora	h				
Middle Name:								
Last Name: Ku	ull							
Title: AmeriCor	ps VISTA							
Telephone Numbe	er: 281-530-6888			Fax Number:	281-530-683	8		
Email: deborah	n.kull@bpsos.org			J				
Signature of Author	prized Representative:	Completed by Car		7				
		Completed by Grants.gov up	on submission.	* Date Sign	ed: Completed	by Grants.gov upo	n submission	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier			
1. TYPE OF SUBMISSION Application	TYPE OF SUBMISSION		State Application Identifier			
☐ Construction ☐ Non-Construction	☐ Construction ☐ Non-Construction	4, DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier			
5. APPLICANT INFORMATION						
Legal Name: STATE OF CALIFORNIA DEPARTI	MENT OF HEALTH SERVICES	Organizational Unit: DEPARTMENT OF HEALTH SERV				
Organizational DUNS: 968257675		Division: Division of Drinking Wate	r & Environmental Management			
Address:		Name and telephone number of the matters involving this application (g	ive area code)			
Street: 1616 Capitol Avenue (MS 7 P.O. Box 997413	418) 	Prefix: Mr. First Name: 5				
City: Sacramento		Middle Name: A				
County: Sacramento		Last Name: Woods				
State: California	Zip Code: 95899-7413	Suffix:				
Country:		Email: swoods1@dhs.ca.gov				
6. EMPLOYER IDENTIFICATION		Phone number (give area code) (916) 449-5624	Fax number (give area code) (916) 449-5656			
6 8 - 0	3 1 7 1 9 1	7. TYPE OF APPLICANT: (See ba	ack of form for Application Types):			
8. TYPE OF APPLICATION:		Other (specify):				
: New ■ Continuation	r Revision	9. NAME OF FEDERAL AGENCY				
If Revision, enter appropriate le (See back of form for descripti	etter(s) in box(es): on of letters.)	ENVIRONMENTAL PROTECTION AGENCY				
Other Specify: 10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NUMBER	11. DESCRIPTIVE TITLE OF AP	PLICANT'S PROJECT:			
Revolving Fund 12. AREAS AFFECTED BY PRO	Capitalization Grants for Drinking Water State JECT (cities, counties, states, etc)	DRINKING WATER STATE REVOL	VING FUND LOAN PROGRAM			
CALIFORNIA - STATEWIDE		14. CONGRESSIONAL DISTRICTS OF				
13. PROPOSED PROJECT:						
Start Date:	End Date	a. Applicant: b. Project ALL 16. IS APPLICATION SUBJECT TO REVIEW BY STATE				
15. ESTIMATED FUNDING:		EXECUTIVE ORDER 12372 PRO	CESSS?			
a. Federal	\$84,847,50	a. Yes THIS PREAPPLICATI AVAILABLE TO THE 12372 PROCESS FO	STATE EXECUTIVE ORDER			
b. Applicant		DATE 2/21/m/	NY TYPE ON			
c. State	\$16,969,50	IN NO T PROGRAM IS NOT	OVERED BY E.O. 12372			
d. Local	00.450.00	STATE FOR REVIEW	NOT BEEN SELECTED BY			
e. Other	\$3,450,00		UENT ON ANY FEDERAL DEBT?			
f. Program Income	0.400.007.00	☐ YES If "Yes" attach ar				
g. TOTAL	\$105,267,00		TOUT AND CORPECT THE			
I DOCUMENT HAS BEEN DUI	NLEDGE AND BELIEF, ALL DATA IN THIS AP LY AUTHORIZED BY THE GOVERNING BODY CES IF THE ASSISTANCE IS AWARDED.	PLICATION/PREAPPLICATION ARE OF THE APPLICANT AND THE APPL	ICANT WILL COMPLY WITH			
a. Authorized Representative						
	ime Nark	Middle Name				
Last Name Horton		Suffix M.D., M.S.P.H.				
h Title	cer/Chief Deputy Director	c. Telephone number (give area code (916) 440-7400				
a Signature of Authorized Repr		e.	Date Signed 7/0 (o			

Application for	Federal Assis	tance	SF-424			Version 02
* 1. Type of Submiss	ion:	* 2. Typ	e of Application:	* If Revision, select ap	propriate letter(s):	
Preapplication	on 🗸 New]
✓ Application	Continuation * Other			* Other (Specify)		
Changed/Correcte	ed Application	Rev	sion			
* 3. Date Received:		4. Appl	icant Identifier:			
Completed by Grants.gov	upon submission.					
5a. Federal Entity Ide	entifier:			* 5b. Federal Awa	rd Identifier:	
					-	
State Use Only:			·	31.00		
6. Date Received by	State:		7. State Application	n Identifier:		
8. APPLICANT INFO	RMATION:					
* a. Legal Name: Na	ational University					
* b. Employer/Taxpay	er Identification N	lumber (E	EIN/TIN):	* c. Organizationa	al DUNS:	
23-7172306				073347809		
d. Address:						
* Street1:	11255 North Tor	rey Pines	Road	,		
Street2:			117777			RECEIVED
* City:	La Jolla					MAR 2 2 2006
County:	San Diego					Will the second
* State:			-	CA: Califo	ornia	STATE CLEARING HOUSE
Province:						Transaction deposits a custom to one or record on the custom of the cust
* Country:				USA: UNITED STATE	ES	
* Zip / Postal Code:	92037-1011					
e. Organizational U	nit:					
Department Name:				Division Name:		
Office of Sponsored	Programs					
f. Name and contac	t information of	person t	o be contacted on	matters involving th	his application:	
Prefix: Dr.			* First Na	ne: Darla	·	
Middle Name: A.			-			-
* Last Name: Calve	et					
Suffix:						
Title: Associate Vic	ce President of Sp	onsored	Researc			
Organizational Affilia	tion:					
* Telephone Number	: 858-642-8139			Fax N	umber: 858-642-876	
* Email: dcalvet@	nu.edu					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
O: Private Institution of Higher Education	
Type of Applicant 2: Select Applicant Type:	
S: Hispanic-serving Institution	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
U.S. Department of Education	
11. Catalog of Federal Domestic Assistance Number:	
84.031	
CFDA Title:	
Higher Education_Institutional Aid	
* 12. Funding Opportunity Number:	
ED-GRANTS-012406-001	
* Title:	
84.031S Hispanic-Serving Institutions Program	
13. Competition Identification Number:	
84-031S2006-2	
Title:	
	·
14. Areas Affected by Project (Cities, Counties, States, etc.):	
San Diego, CA	
Sail Diego, CA	
* 15. Descriptive Title of Applicant's Project:	
Strengthening Support Services for Hispanic Students	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	for Federal Assistan	ce SF-424						Version 02
16. Congressio	nal Districts Of:							
* a. Applicant	52			* b. Progra	am/Project	52		
Attach an additi	onal list of Program/Project	Congressional Districts if no	eeded.					
		Add Attachment Delet	le Attachm	ent View Attac	hment		-	
17. Proposed P	Project:							
* a. Start Date:	10/01/2006			* b	. End Date:	09/30/2011		
18. Estimated F	Funding (\$):							
* a. Federal		462,963.00						
* b. Applicant		44,450.00						
* c. State		0.00						
* d. Local		0.00					•	
* e. Other		50,000.00	•					
* f. Program Inc	come	0.00						
* g. TOTAL		557,413.00						
✓ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/01/2006 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes ✓ No Explanation 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE* ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative:								
Prefix:	Dr.	* First Name:	Darla					
Middle Name:	A							
* Last Name:	Calvet							
Suffix:								
* Title: Associate Vice President for Sponsored Resear								
* Telephone Nu	* Telephone Number: 858-642-8139 Fax Number: 858-642-8761							
* Email: dcal	vet@nu.edu							
* Signature of A	uthorized Representative:	Completed by Grants.gov upon su	ubmission.	* Date Signed	d: Completed	by Grants.gov	upon submission.	

Version 7/03

APPLICATION FOR	2. DATE SUBMITTED)	Applicant Identifier			
FEDERAL ASSISTANCE	February 13, 2006	<u> </u>				
1. TYPE OF SUBMISSION: Application Pre-application	3. DATE RECEIVED I	BY STATE	State Application Identifier			
☑ Construction ☐ Construction	1	BY FEDERAL AGENCY	Federal Identifier			
□ Non-Construction □ Non-Construction						
5. APPLICANT INFORMATION Logal Name:		Organizational Unit: City	Manager's Office			
City of Murricta	THE RESIDENCE OF THE PROPERTY	Department:				
70/1909	-NED -	Administration Division:				
Organizational DUNS: 786430322 REC	2 2 2006		ber of person to be contacted on matters involving this			
Address: 26442	2 2 2006	application (give area cod	e) (951) 461-6008			
Street: Beckman Court	NG HOUSE	Prefix:	First Name: Nancy			
City: Murrieta STATE Ci	EARING HOUSE	Middle Name: J.				
County: Riverside	Market State Control of the Control	Last Name:				
State: CA Zip Code: 9	92562	Driggers Suffix:				
Country:		Email:				
United States 6. EMPLOYER IDENTIFICATION NUMBER (EIN	\	ndriggers@murrieta.org Phone Number (give area	code) Fax Number (give area code)			
): -	(951)461-6008	(951)698-9885			
33-0468975 8. TYPE OF APPLICATION:		7 TYPE OF APPLICAN	T: (See back of form for Application Types)			
☐ New ☐ Continuation If Revision, enter appropriate letter(s) in box(es)	Rovision	7. TTTE OF ALL Electric (See back of form for Application Types)				
(See back of form for description of letters.)		С				
		Other (specify)				
Other (specify)		9. NAME OF FEDERAL Environmental Protection				
10 CATALOG OF FEDERAL DOMESTIC ASSIST.	ANCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Murricia Wastewater Planning and Construction Project				
66-606						
TITLE (Name of Program): Surveys, Studies, Investigations and Special Purpose	Grants					
12. AREAS AFFECTED BY PROJECT (Cities, Cou	nties, States, etc):					
City of Murrieta downtown area 13. PROPOSED PROJECT		14 CONCRESSIONAL	DISTRICTS OF			
Start Date: Ending Date	C:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project				
01/15/04 06/30/07		California 43rd	California 43rd			
15. ESTIMATED FUNDING:			UBJECT TO REVIEW BY STATE EXECUTIVE			
a. Federal \$939,800		ORDER 12372 PROCES	PPLICATION/APPLICATION WAS MADE			
b. Applicant \$		AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR				
c. State \$		REVIEW ON DATE: 3/32/06				
d. Local \$ c. Other \$422,910		b. No PROGRAM	IS NOT COVERED BY E. O. 12372			
Western Municipal		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR				
Water District f. Program Income \$		REVIEW				
f. Program Income \$ g. TOTAL \$1,362,710	•	☐ 17. IS THE APPLICANT	DELINQUENT ON ANY FEDERAL DEBT?			
18. TO THE BEST OF MY KNOWLEDGE AND B. DOCUMENT HAS BEEN DULY AUTHORIZED B	Y THE GOVERNING BOI	IS APPLICATION/PREAPI	PLICATION ARE TRUE AND CORRECT. THE AND THE APPLICANT WILL COMPLY WITH THE			
ATTACHED ASSURANCES IF THE ASSISTANCE a. Authorized Representative	E 19 VAVVED.					
Profix First Name		Middle Name				
Last Name		A. Suffix				
Moss b. Title	, <u></u>					
City Manager		c. Telephone Number (give area code)				
d. Signature of Authorized Representative	Man 1	(951) 461-6002 c. Datc Signed				
Previous Edition Ussole Authorized for Local Reproduction	14000		Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102			

FEDERAL ASSISTANCE		2. DATE SUBMITTED March 13, 2006		Applicant Identifier		
		March 1	3, 2006 			
1. TYPE OF SUBMISSION:	Dunna di nationa	3. DATE RECEIVED BY	STATE	State Application Identifier		
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction	☐ Non-Construction					
5. APPLICANT INFORMATION						
Legal Name:			Organizational Unit:			
Corcoran Joint Unific				ified School District		
Address (give city, county, State,	and zip code):			number of person to be contacted on matters involvi		
1520 Patterson Ave.			this application (give a (559) 992-31	area code)		
Corcoran, Kings Co.,	CA 93212		(559) 992-31	04		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)		
91-2128	9 1 2		A. State	H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
✓ New	Continuation	Revision	C. Municipal	J. Private University		
W New			D. Township	K. Indian Tribe		
If Revision, enter appropriate lette	er(s) in box(es)	·	E. Interstate	L. Individual		
	,	I L	F. Intermunicipal	M. Profit Organization		
	ease Award C. Increase	Duration	G. Special District	N. Other (Specify)		
D. Decrèase Duration Other(s	specify):		9. NAME OF FEDERAL AGENCY:			
-		·	USDA Rural Dev	velopment		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NI	IMRER:	11 DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:		
10. 07.77.200 01 1 222.012 20						
	L	1 0 - 7 6 6	Computer's for S	School		
TITLE: Community F	acilities Grant					
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	tes, etc.):				
City of Corcoran		•		•		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:				
Start Date Ending Date	a. Applicant		b. Project			
9/1/06 9/1/07	20 Cd	osta		20 Costa		
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE		
į			ORDER 12372 PF	ROCESS?		
a. Federal	\$.00				
		21,000	a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE		
b. Applicant	\$.00	AVAILABLE	E TO THE STATE EXECUTIVE ORDER 12372		
Power British		39,000	PROCESS	FOR REVIEW ON:		
c. State	#EIVED	. 00	DATE	•		
d. Local MAR	\$2 1 2006	.00	b. No. 🔲 PROGRA	AM IS NOT COVERED BY E. O. 12372		
e. Other	\$ EARING HOUSE	,00	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE		
f. Program Income	\$ S	.00				
	Φ.	00	17. IS THE APPLICAI	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	60,000	Yes If "Yes,"	attach an explanation.		
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	ATION/PREAPPLICAT	TION ARE TRUE AND CORRECT, THE		
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF THE	E APPLICANT AND TH	HE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF T						
a. Type Name of Authorized Repr	esentative	b. Title Superintendent		c. Telephone Number (559) 992-3104		
d. Signature of Authorized Repres	entative /	/		e. Date Signed		

APPLICATION FOR

APPLICATION FOR FEDERAL ASSISTANCE	<u> </u>	2. DATE SUBMITTED)		Applicant Ide	Version	7/0
1. TYPE OF SUBMISSION:		3. DATE RECEIVED I		_ ,,,	State Application Identifier		
Application	Pre-application	4. DATE RECEIVED I		A GENOV			
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED	ST FEDERAL	AGENCY	Federal Iden	tifier	
5. APPLICANT INFORMATION							
Legal Name:			Organizati				
Central Sierra Resource Conse	vation & Development, I	пс	Departmen	ıt:			
Organizational DUNS: 136584179			Division:				
Address: Street:			Name and	telephone	number of p	erson to be contacted on matte	ers
235D New York Ranch Road			Prefix:		tion (give are	ea code)	
City: Jackson			Dr. Middle Nan	ne	<u>S</u>		
County:	,		Lee Last Name				
Amador State:	Zip Code		Last Name Seaton				
CA	95642		Suffix:				
Country: USA			Email: Iseaton@a				
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Nun	nber (give are	a code)	Fax Number (give area code)	
42-1586576)361 ext. 24		(209) 533-0470	
8. TYPE OF APPLICATION:			7. TYPE OF	F APPLICA	NT: (See bac	k of form for Application Types)	
M New If Revision, enter appropriate letter	er(s) in box(es)	ı 📗 Revision	O - Not for I				
(See back of form for description	of letters.)		Other (speci	ify)			
Other (specify)					L AGENCY: servation Ser	vice	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:				CANT'S PROJECT:	-
		10-901	Central Sie	rra RC&D C	ooperative A	greement	
TITLE (Name of Program):							
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties,	States, etc.):					
Counties of Alpine, Amador, Cala	averas, Mono (north half)), and Tuolumne					ĺ
13. PROPOSED PROJECT					DISTRICTS		
Start Date: 3/31/2006	Ending Date: 3/31/2007		a. Applicant			b. Project 3, 19	
15. ESTIMATED FUNDING:						REVIEW BY STATE EXECUTI	VE
a. Federal \$		00	order 123	THIS PREA	SS7 PPLICATION	I/APPLICATION WAS MADE	
b. Applicant \$		15,000	_		TO THE STA	ATE EXECUTIVE ORDER 1237 V ON	2
c. State \$		GU	_	DATE: 3/21			
d. Local \$						(EDED BY E. A. 12272	İ
			D. NO. LL			'ERED BY E. O. 12372	.
e. Other \$				FOR REVIE	:W	T BEEN SELECTED BY STATE	
f. Program Income \$		•	17. IS THE A	APPLICAN1	r delinque	NT ON ANY FEDERAL DEBT?	
g. TOTAL (\$		15,000	Yes If "Y	'es" attach a	n explanation	. 🗹 No	İ
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	NUTHORIZED BYTHE G	OVERNING BODY OF	PLICATION/P THE APPLICA	REAPPLIC	ATION ARE HE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative		······································					
Prefix	First Name Alfred			Middle N	ame		
Last Name Nunes				Suffix			
. Title Secretary/Tresurer						(give area code)	\exists
I. Signature of Authorized Repres	entative; 0 /) (3)) /	- // -	(209) 25 e. Date S			\dashv
revious Edition Usable	- agrad	a yu	nlx	3/31/06		Standard Form 424 (Rev.9-20	031

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR						Version 7/03		
FEDERAL ASSISTANCE	•		2. DATE SUBMITTED January 13, 2006		Applicant Identifier			
1. TYPE OF SUBMISSION: Application	Pre-applicati	on	3. DATE RECEIVED B	Y STATE	State Applica	State Application Identifier		
Construction	Construc		4. DATE RECEIVED B	Y FEDERAL AGE	NCY Federal Ident	Federal Identifier		
☑ Non-Construction	Non-Cons							
5. APPLICANT INFORMATION					111.11			
Legal Name:				Organizational Department:	al Unit:			
Santa Cruz County Resource Co	onservation Di	strict			WHITE II AND AND AND AND AND AND AND AND AND AND			
Organizational DUNS: 146209874				Division:				
Address: Street:		ALTERNATION AND ACTION OF A PERSON AS A PE	THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON		ephone number of pe application (give are	erson to be contacted on matters		
820 Bay Avenue Suite 128		RE	CEIVED	Prefix:	First Name:	sa code)		
				Ms	Jennifer			
City: Capitola		MA	AR 2 1 2006	Middle Name Rose	AMMAN .			
County: Santa Cruz County		OT 671	CLEARING HOUSE	Last Name Stern				
State: California	Zip Code 95126	SIAIE	CLEANING HOUSE	Suffix:				
Country: United States				Email: jstern@sccrcc	i.org			
6. EMPLOYER IDENTIFICATIO	N NUMBER (Ξ <i>ΙΝ</i>):	······································		r (give area code)	Fax Number (give area code)		
94-6000534				(831) 464-295	0	(831) 475-3215		
8. TYPE OF APPLICATION:			A second Section of the second section of the second section of the second section of the second section of the second section of the second section s	7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)		
Z New		ntinuation	n Revision	A. State Orga	nization, Resource Co	nservation District		
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es of letters.)	·) 		Other (specify)	<i>.</i> .			
Other (specify)					FEDERAL AGENCY: ne Fisheries Service or	NOAA Fisheries		
10. CATALOG OF FEDERAL D	OMESTIC AS	SISTANC	E NUMBER:		TIVE TITLE OF APPL			
					ord Replacement Pro			
TITLE (Name of Program):			1 1 - 4 6 3	Door Groom	ora riopiacomoni rio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Habitat Conservation								
12. AREAS AFFECTED BY PRO	OJECT (Cities	, Counties	, States, etc.):					
Deer and Bear Creek, San Lore	nzo River, Mo	nterey Bay	Natl Marine Sanctuary					
13. PROPOSED PROJECT					SSIONAL DISTRICTS			
Start Date:	Ending Dat February 2			a. Applicant	strict, Sam Farr	b. Project 14th Cong. Dist, Anna Eshoo		
March 1, 2006 15. ESTIMATED FUNDING:	rebluary 2	.9, 2000				REVIEW BY STATE EXECUTIVE		
				ORDER 12372	PROCESS?			
a. Federal \$			267,160	12 YAC N/:		N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372		
b. Applicant \$ SCCRCD		***************************************	.00		ROCESS FOR REVIE			
c. State \$ Coastal Conservancy			122,607	DA	ATE: February 10, 200	06		
d. Local \$ Fish&Game Commission			10,250	b. No. 🕮 PF	ROGRAM IS NOT CO	/ERED BY E. O. 12372		
e. Other \$	***************************************		00		R PROGRAM HAS NO	T BEEN SELECTED BY STATE		
Deer Creek Community f. Program Income \$			13,780		OR REVIEW	NT ON ANY EEDEDAL DERT?		
g. TOTAL \$	17. IS THE APPLICANT DELINGUENT ON ANT PEDERAL DEBT!							
<u> </u>			146,637		" attach an explanation			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED	BY THE	GOVERNING BODY OF					
a. Authorized Representative Prefix First Name Middle Name								
Prefix First Name Jennifer					Rose			
Last Name Stern					Suffix			
b. Title Watershed Coordinator					c. Telephone Number (831) 464-2950	(give area code)		
d. Signature of Authorized Repre	sentative		The second secon		e. Date Signed			
					January 13, 2006			

Version 7/03

3	I A. UA I E OUDMINICE		1.4 k k A		
•	2. DATE SUBMITTED 3/21/2006		Applicant Iden 1666	A	
T	3. DATE RECEIVED E	Y STATE	State Application Identifier		
Pro-application		WEDERAL ACENCY	Federal identi	ler	
Construction	4. DATE RECEIVED E	3Y FEDERAL AGENUT	1 edelar racini	1101	
11.			, 1		
	,, .,	Organizational Uni	- N		
State and Associated State and		Department:		40-41	
Page 400 mm	The transfer of the transfer o	Transit			
- HECE	WED	Typonit		a li avi	
		Name and tolopho	no number of po	erson to be conlected on matters	
	1 2006	Involving this appl	ication (give an	na code)	
Auf _	1 2000	Prefix:			
LOTATECTE					
JOIN E CLEAR	NG HOUSE	R.		,,	
The second secon	THE CONSTRUCTOR THE CONTRACTOR CO	Last Namo			
	ALE 179**			(1)	
Zip Code 50503					
70000	Weight Walter	Email:			
				Fax Number (give area code)	
ION NUMBER (EIN):				(310) 618-6229	
[3]		(2 in) p 19-9%9 i			
		7. TYPE OF APPL	ICANT: (See ba	ick of form for Application Typesy	
www Continuati	lon 👫 Revision	c			
etter(s) in box(es)		Other (specify)			
on of letters.)	["]	1			
Ц	LJ	9. NAME OF FED	ERAL AGENCY		
		Federal Transit Ad	MINISTRATION	LICANT'S PROJECT:	
L DOMESTIC ASSISTAL	NCE NUMBER:			LIGARI O FRODEST.	
		Section 5307 Cap	ital Assistance		
	, (<u>-13</u> - <u>Claim</u>				
ints					
PROJECT (Cities, Count	ies, States, etc.):				
			DNAL DISTRICT	b. Project	
Ending Date:		Maman/Millender	-McDonald	Same	
	.A	16 IS APPLICAT	ION SUBJECT	TO REVIEW BY STATE EXECUTIV	
		ORDER 12372 PF	OCESS?	STARRED CATION WAS MADE	
\$	2 766 000	a. Yes. V THIS	PREAPPLICATI	STATE EXECUTIVE ORDER 1237	
		PRO	CESS FOR REV	IEWON	
3		1			
\$					
			GRAM IS NOT C	OVERED BY E. O. 12372	
. 0	666,500	D. NO. 1 1			
S	00	L con	DEVICE AL		
		17. IS THE APPL	CANT DELING	UENT ON ANY FEDERAL DEBT?	
 \$	•				
5	0 400 FOO	Yes If "Yes" a	illach an explana	ilion. 😲 No	
			TOUCATION A	E TRUE AND CORRECT. THE	
(NOWLEDGE AND BEL	HE GOVERNING BOD'	Y OF THE APPLICANT	AND THE APPL	ICANT WILL COMPLY WITH THE	
IF THE ASSISTANCE	S AWARDED.		PI,	., ., ., ., ., ., ., ., ., ., ., ., ., .	
<u> </u>		IM	iddle Name		
First Namo		1	₹	- color - colo	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		S	uffix		
			Telephone Num	hor (give pres codo)	
*			310) 618-6291		
shor 'r					
aper Adpresentative			Mata Cinond	3/21/06	
	Construction Non-Construction Non-Construction WAR 2 STATE CLEARI Zip Code 90503 ION NUMBER (EIN): 3 IOW (Continuation of letters) ION DOMESTIC ASSISTAN INTERPOSECT (Cities, Countion of letters) Ending Date: 6/30/2007 S S S KNOWLEDGE AND BEL JLY AUTHORIZED BY T IS IF THE ASSISTANCE II ION IFIRST Name	Pro-application Construction	Pro-application	Pro-application Non-Construction A. DATE RÉCEIVED BY FEDERAL AGENCY Federal Identification Pro-application Pro	



Second Program Year Action Plan

RECEIVED

MAR 2 0 2006

STATE CLEARING HOUSE

The CPMP Second Annual Action Plan includes the SF 424 and Narrative Responses to Action Plan questions that CDBG, HOME, HOPWA, and ESG grantees must respond to each year in order to be compliant with the Consolidated Planning Regulations. The Executive Summary narratives are optional.

SF 424

Complete the fillable fields (blue cells) in the table below. The other items are prefilled with values from the Grantee Information Worksheet.

May 15, 2006	B-06-06-0610	Type of Submission		
Date Received by state	State Identifier	Application	Pre-application	
Date Received by HUD	Federal Identifier	☐ Construction	Construction	
		Non Constru	uction Non Construction	
Applicant Informa	ation			
City of Bakersfield		CA60228 BAKE	RSFIELD	
900 Truxtun Avenue, Suite	= 201	02-8514136		
0		Organizational	Unit	
Bakersfield	California	Economic & Co	mmunity Development	
93301	Country U.S.A.	Community De	velopment	
Employer Identification	Number (EIN):	Kern		
95-6000672		7/1		
Applicant Type:		Specify Other	Type if necessary:	
Local Government: City		Specify Other	Гуре	
			U.S. Department of	
Dun mus as Francisco		1		
Program runging		Housing	and Urban Developmer	
Program Funding Catalogue of Federal Dom	estic Assistance Numbers;	Descriptive Title	and Urban Developmer of Applicant Project(s);	
Catalogue of Federal Dom	estic Assistance Numbers; s) (cities, Counties, ocalit	Descriptive Title	e of Applicant Project(s);	
Catalogue of Federal Dom Areas Affected by Project(s) (cities, Counties, ocaliti	Descriptive Title	e of Applicant Project(s); ited Funding	
Catalogue of Federal Dom Areas Affected by Project(Community Developr	s) (cities, Counties, ocaliti	Descriptive Titles etc.); Estima	e of Applicant Project(s); ited Funding ement Grant	
Catalogue of Federal Dom Areas Affected by Project(Community Developr CDBG Project Titles	s) (cities, Counties, ocaliti nent Block Grant	Descriptive Titles etc.); Estimated 14.218 Entitled Description of A	e of Applicant Project(s); ited Funding	
Catalogue of Federal Dom Areas Affected by Project(Community Developr CDBG Project Titles This program is designed	s) (cities, Counties, ocalition of the counties) ocalition of the counties ocality of the counties ocality of the counties ocality oca	Descriptive Titles etc.); Estimated 14.218 Entitled Description of A Project(s)	e of Applicant Project(s); ited Funding ement Grant Areas Affected by HOME	
Catalogue of Federal Dom Areas Affected by Project(Community Developr CDBG Project Titles	s) (cities, Counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition ocalitic ocalition ocalitic ocaliti	Descriptive Titles etc.); Estimated 14.218 Entitled Description of A	e of Applicant Project(s); ited Funding ement Grant Areas Affected by HOME	
Catalogue of Federal Dom Areas Affected by Project(Community Developr CDBG Project Titles This program is designed needs, upgrade the physic	s) (cities, Counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition of the counties, ocalition ocalitic ocalition ocalitic ocaliti	Descriptive Titles etc.); Estimal 14.218 Entitle Description of Project(s) City of Bakersfill	e of Applicant Project(s); ited Funding ement Grant Areas Affected by HOME	
Catalogue of Federal Dom Areas Affected by Project(Community Develope CDBG Project Titles This program is designed needs, upgrade the physic provide for a viable urban CDBG Grant Amount \$3,391,309	nent Block Grant to address local housing cal environment and community. Additional HUD Leveraged \$0	Descriptive Titles etc.); Estimal 14.218 Entitle Description of Project(s) City of Bakersfi	e of Applicant Project(s); Ited Funding Ement Grant Areas Affected by HOME	
Catalogue of Federal Dom Areas Affected by Project(Community Developr CDBG Project Titles This program is designed needs, upgrade the physic provide for a viable urban CDBG Grant Amount \$3,391,309 Additional Federal Funds I	nent Block Grant to address local housing cal environment and community. Additional HUD Leveraged \$0	Descriptive Titles etc.); Estimal 14.218 Entitle Description of Project(s) City of Bakersfi	e of Applicant Project(s); Ited Funding ement Grant Areas Affected by HOME leld Describe	
Catalogue of Federal Dom Areas Affected by Project(Community Developr CDBG Project Titles This program is designed needs, upgrade the physic provide for a viable urban CDBG Grant Amount \$3,391,309 Additional Federal Funds is	nent Block Grant to address local housing cal environment and community. Additional HUD Leveraged \$0	Descriptive Titles etc.); Estimal 14.218 Entitle Description of A Project(s) City of Bakersfi Grant(s) Additional Sta	e of Applicant Project(s); sted Funding ement Grant Areas Affected by HOME seld Describe N/A ste Funds Leveraged	
Catalogue of Federal Dom Areas Affected by Project(Community Developr CDBG Project Titles This program is designed needs, upgrade the physic provide for a viable urban CDBG Grant Amount \$3,391,309 Additional Federal Funds I \$0 Locally Leveraged Funds	nent Block Grant to address local housing cal environment and community. Additional HUD Leveraged \$0	Descriptive Titles etc.); Estimal 14.218 Entitle Description of A Project(s) City of Bakersfi Grant(s) Additional Sta	e of Applicant Project(s); sted Funding ement Grant Areas Affected by HOME seld Describe N/A ste Funds Leveraged	
Catalogue of Federal Dom Areas Affected by Project(Community Develope CDBG Project Titles This program is designed needs, upgrade the physic provide for a viable urban CDBG Grant Amount \$3,391,309 Additional Federal Funds I \$0 Locally Leveraged Funds \$0	s) (cities, Counties, ocalitics) nent Block Grant to address local housing cal environment and community. Additional HUD Leveraged \$0 Leveraged	Descriptive Titles etc.); Estimal 14.218 Entitle Description of A Project(s) City of Bakersfi Grant(s) Additional State \$0 Grantee Fund \$0	e of Applicant Project(s); ated Funding ement Grant Areas Affected by HOME deld Describe N/A ate Funds Leveraged s Leveraged	
Catalogue of Federal Dom Areas Affected by Project(Community Develope CDBG Project Titles This program is designed needs, upgrade the physic provide for a viable urban CDBG Grant Amount \$3,391,309 Additional Federal Funds I \$0 Locally Leveraged Funds \$0 Anticipated Program Incom	s) (cities, Counties, ocalitics) nent Block Grant to address local housing cal environment and community. Additional HUD Leveraged \$0 Leveraged	Descriptive Titles etc.); Estimal 14.218 Entitle Description of A Project(s) City of Bakersfi Grant(s) Additional State \$0 Grantee Fund \$0 Other (Describ	e of Applicant Project(s); ated Funding ement Grant Areas Affected by HOME deld Describe N/A ate Funds Leveraged s Leveraged	
Catalogue of Federal Dom Areas Affected by Project(Community Develope CDBG Project Titles This program is designed needs, upgrade the physic provide for a viable urban CDBG Grant Amount \$3,391,309 Additional Federal Funds I \$0 Locally Leveraged Funds \$0	s) (cities, Counties, ocalitics) nent Block Grant to address local housing cal environment and community. Additional HUD Leveraged \$0 Leveraged	Descriptive Titles etc.); Estimal 14.218 Entitle Description of A Project(s) City of Bakersfi Grant(s) Additional State \$0 Grantee Fund \$0	e of Applicant Project(s); Ited Funding ement Grant Areas Affected by HOME field Describe N/A ate Funds Leveraged s Leveraged	

		14.239 HOME	
Home Investment Partnershi	ps Program	14.239 HOME	
HOME Project Titles This program is designed to address needs.	local housing	Description of A Project(s) City of Bakersfie	reas Affected by HOME
HOME Grant Amount	Additional HUD		Describe
\$1,586,233	Leveraged \$0	` '	N/A
Additional Federal Funds Leveraged		Additional Stat	te Funds Leveraged
\$0		\$0	
Locally Leveraged Funds		Grantee Funds	Leveraged
\$ O		\$0	_
Anticipated Program Income \$375,000		Other (Describe N/A)
Total Funds Leveraged for HOME	-based Project	(s)	
\$1,961,233			
Housing Opportunities for Pe	onle wiels	14.241 HOPW	Δ
AIDS	opie with	14.241 110544	^
HOPWA Project Titles		Description of	Areas Affected by HOPWA
N/A		Project(s) N/A	
\$HOPWA Grant Amount N/A	\$Additional HUI Leveraged N/A	O Grant(s)	Describe N/A
\$Additional Federal Funds Leverage	d		te Funds Leveraged
N/A		N/A	
\$Locally Leveraged Funds		\$Grantee Funds	Leveraged
N/A		N/A	
\$Anticipated Program Income		Other (Describe)
N/A		N/A	,
Total Funds Leveraged for HOPWA-b	ased Project(s)		
N/A			
Emergency Shelter Grants Pr	ogram	14.231 ESG	
ESG Project Titles	+-	Description of A	reas Affected by ESG
Provides funds to improve the qualit	y of existing	Project(s)	•
emergency shelters for the homeles	s, helps meet	City of Bakersfle	eld
the costs of operating emergency sh	elters,		
providing certain essential services,	and prevention		
programs.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		P
\$144,045 \$0	onal HUD Grant(s) Leveraged	Describe N/A
Additional Federal Funds Leveraged		Additional State	Funds Leveraged
\$O		\$0	
Locally Leveraged Funds		Grantee Funds I	Leveraged
\$0		\$0	· ·
Anticipated Program Income		Other (Describe	2)
\$0		N/A	

Total Funds Leveraged for	ESG-based Project(s) \$0					
Congressional Districts of Applicant Districts 20 th and 21 st	Project Districts		ation subject to review by state e Order 12372 Process?				
Is the applicant delinquer debt? If "Yes" please included document explaining the	nt on any federal ude an additional	⊠ Yes	This application was made available to the state EO 12372 process for review on 3/15/06				
a section of the sect		No	Program is not covered by EO 12372				
Yes	⊠ No	□ N/A	Program has not been selected by the				
			state for review				
Person to be contacted reg	Person to be contacted regarding this application						
George	0		Gonzales				
Community Dev. Coordina	tor (661) 326-37	65	(661) 328-1548				
ggonzale@bakersfieldcity.us www.bakersfield			Other Contact				
Signature of Authorized Ro	epresentative		Date Signed				

APPLICATION FOR

I II II II I I OOMDA I IOM

FEDERAL ASSISTANCE 2. DATE SUBMI		BMIT	TED		Applicant Identifier				
1. TYPE O	F SUBMISSION:	1			CEIVE	D BY STATE		State	Application Identifier
☐ Constru	ection		application Onstruction	4. DATE RECEIVED BY FEDERAL			GENCY		al Identifier
Non-cor APPLIC A	nstruction ANT INFORMAT	ION X	on-Construction						G02-06CH11366
						Organizational	Unit		
Legal Name	Legal Name: Henry Mayo Newhall Memorial Hospital				Department: H	enry Mayo	Newh	all Memorial Health	
	nal DUNS: 0854	105439	DECEN	VED		Division:			
Addrese:	04514 =		MEGLI	Total Inter		Name and tele	phone numb	er of pe	erson to be contacted on matter
Street: 23	845 McBean (Parkway	MAR 2 0	2006		Prefix: Ms.	 		Diana
City: Va	lencia		STATE CLEARIN	VG HOUSE		Middle Name:		. INGINIO.	Dialia
County:			SHATE CLAIM	10110	 	Last Name: Vo			
State: CA		Zip Co	ode: 91355			Suffix:			
Country:							- OL		
6. EMPLOY	ER IDENTIFICA	TON NUM	MBER (EIN):			Phone Number			
9 5	2821	1 0	4			(661) 253-808	92	ie)	FAX Number (give area code) (661) 253-8075
A TYPE OF	APPLICATION:				•	7. TYPE OF AP	PLICANT: (5	oo hac	k of form for Application Types)
If Revision, e	N 🔯 N Inter appropriate	latter(e) in	Continuation	☐ Rev	noiel				Inst. of Higher Edu)
(See back of	form for descript	lon of lette	ana.)	,		Other (specify)			mon of frights Edit)
Other (specif	√)		<u></u>				DEBAL AGE	Mana	
L ''	• •	DOMEGO	TC ASSISTANCE NUM			9. NAME OF FEDERAL AGENCY: Health and Human Services			
id OAIAEC	COLLEDENAL	. DOMES		MBER:		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Cardlac Cath Lab Equipment			
TITLE (Name	of Grands Na					Cardiac Cam	rap Ednib	ment	
MEGICINE			nargy Environmen		ical				
12. AREAS / L.A. Count	AFFEC TED BY P Y	ROJECT	(Citles, Countries, Stat	tes, etc.)					
13. PROPOS	ED PROJECT								•
Start Date 6/96	Ending Date					a. Applicant	IONAL DISTR		
	12/06					25 th Congress	ional Distr		b. Project 25 th Congressional
15. ESTIMAT	ED FUNDING:					18. IS APPLICAT	TION SUBJEC	er TO 6	District REVIEW BY STATE EXECUTIVE
A. Federal						ORDER 123	72 PROCESS	5	TOTAL DI STATE CAECUTIVE
		\$		385,000	0.00	a. YES. 🗵 THI	SPREAPPLI	CATION	VAPPLICATION WAS MADE
b. Applicant		<u> </u>			.00	A V/	AILABLE TO OCESS FOR	I HE	STATE EVENITIVE ASSES
c. State		<u> </u>			.00		TE: 3-20		
d. Local		<u> </u>			.00	b. NO. PRO	OGRAM IS NO	OT COV	/ERED BY E.O. 12372
e. Other	s	<u>. </u>		841,974	.00	☐ OR	PROGRAM H		T BEEN SELECTED BY STATE
f. Program Inc	. Program Income \$.00			.00	FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g, TOTAL	s			1,226,974					
18. TO THE E	FST OF MY K	NOW! ED	GE AND BELIEF AL			Yes If Y	es," attach an	explan	Ation. No
TI NOTILE AS	POUTAINCES.	AUTHO	RIZED BY THE GOVE	ERNING BODY	OF 1	THE APPLICANT	APPLICATION AND THE AF	N ARE PLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE
- Aumonzad H	epresentative								
Prefix Mr. -ast Name Se		irst Name	Roger				Middle Name	e E.	
							Suffix		
	dent & CEO		$\overline{}$				c. Telephon (661) 253-	e Numb 8011	per (give area code)
	rre@henryma	-	da. E				Fax Number (661) 253-	(give a	rea code)
Signature of Authorized Representative				DT		6. Date Slor		3/14/010	

c. Telephone Number (give area code)

e. Date Signed

Renwick

Assistant Deputy Director, Administration

Previous Edition Usable
Authorized for Local Reproduction

Signature of Authorized Representative

b. Title

Slandard Form 424 (REV. 9-2003) OFGs rev. 10/2005

(916) 653-4633

Prescribed by OMB Circular A-102

THR-20-00 HUN 12.42 FIT SPUNDURE TRUG.

LHV MO' 320124952

Expiration Date: 07/31/2006

Application for F	ederal Assis	stance SF-424	·	Version 02
1. Type of Submission		• 2. Type of Application:	If Revision, select appropriate letter(s):	<u> </u>
Preapplication		✓ New		
Z Application		Continuation	* Other (Specify)	·
Changed/Corrected	1 Application	Revision		
3. Date Received:		4. Applicant Identifier.		
Completed by Grants.gov	Ipon submission.			
5a. Federal Entity Ide	ntifier:		• 5b. Federal Award Identifier:	
	-			L DECEIVED
State Use Only:		A CONTRACTOR OF THE CONTRACTOR		2006
6. Date Received by S	State:	7. State Applicati	ion Identifier.	MAK 2 0 2000
			100.00	STATE CLEARING HOUSE
B. APPLICANT INFO		(0 - 15 - 1 - 0 10 0 0 in)		G 17 C C C C C C C C C C C C C C C C C C
\(\tau_{\text{in}}\)		ity of California (UC Davis)	A Constitutional OURIG	
* b. Employer/Taxpay	er Identification	Number (EIN/TIN):	1 c. Organizational DUNS:	
94-6036494			047120084	
d. Address:				
* Street1:	Office of Resea	arch, Sponsored Programs		
Street2:	118 Everson Ha	all, One Shields Avenue		·····
- City:	Davis		111111111111111111111111111111111111111	
County:				
* State:			CA: California	
Province:		- 11 · 11 · 11 · 11 · 11 · 11 · 11 · 11		
* Country:		Marco	USA: UNITED STATES	
* Zip / Postal Code:	95616			
e. Organizational l	Jnit:			
Department Name:	1		Division Name:	
Bodega Marine Labo	pratory			
f. Name and conta	ct information (of person to be contacted	on matters involving this application	n:
Prefix: Dr.		First N	lame: Gary	
Middle Name: N.	DE DE CONTROL CONTROL DE 11 41 41 41 41 41 41 41 41 41 41 41 41	***************************************		
• Last Name: Che	π	1		
Suffix:		\$ 1100 a 1000 a 1		
Title: Contaminan	t Effects Assess	ment in Coastal		
Organizational Affilia				
	20014			
i			Fax Number: (707)	875-2089
L F Talachana Numbe	r: (707) 875-209	51	. Lay Maniper 1(101)	¥, ¥ ====

LUV MO' 220124952

Expiration Date: 07/31/2006

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Typo:	• • •
H: Public/State Controlled Institution of Higher Education	
Type of Applicant Z: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Environmental Protection Agency	
11. Catalog of Federal Domestic Assistance Number:	
66.461	
CFDA Title:	<u> </u>
Wetland Program Grants	
* 12. Funding Opportunity Number:	
EPA-REGIXWPDG-2006	
* Title:	
Wetlands Program Development Grants	
	į
An Commental of Assistantian Number	
13. Competition Identification Number:	
Title:	···,
	i !
	;
14. Areas Affected by Project (Cities, Counties, States, etc.):	
	<u>-</u>
* 15. Descriptive Title of Applicant's Project:	
Contaminant Effects Assessment in Coastal Marshes: A Practical Resident Species Approach	
l : ∤:	1
Attach supporting documents as specified in agency instructions,	
Add Attachments Delete Attachments View Attachments	
Constitution of the consti	

Application for Federal Assistance S	F-424 Version 02
6. Congressional Districts Of:	
	* b. Program/Project So Cal
a. Applicant	The state of peeded
tach an additional list of Program/Project Congr	
Add	Commonwell Commonwell Commonwell Commonwell
7. Proposed Project:	t ·
a. Start Date: 09/01/2006	* b. End Date: 08/31/2008
8. Estimated Funding (\$):	
a. Federal	299,716.00
b. Applicant	99,947.00
c. State	0.00
d. Local	0.00
	0.00
e, Other	0.00
f. Program Income g. TOTAL	399,663.00
19. Is Application Subject to Review By Sta	1) 1 Secretary Order 12272 Process?
c. Program is not covered by E.O. 12372. 20. Is the Applicant Delinquent On Any Fer	
Yes Vo No	
herein are true, complete and accurate to tree comply with any resulting terms if I accept may subject me to criminal, civil, or adminity at AGREE	to the statements contained in the list of certifications. and (2) that the statements he bost of my knowledge. I also provide the required assurances and agree to an award. I am aware that any false, fictitious, or fraudulent statements or claims istrative penalties. (U.S. Code, Title 218, Section 1001) In internet site where you may obtain this list, is contained in the announcement or agency
Authorized Representative:	
Prefix:	* First Name: Kimberly
Middle Name:	
* Last Name: Lamar	
Suffix:	
* Title: Contracts & Grants Analyst	
* Telephone Number: 530-752-8065	Fax Number. 530-754-9233
• Email: kolamar@ucdavis.edu	
	Data Signad: Campleled by Grants.dov upon submission.
* Signature of Authorized Representative: Co	impleted by Grants.gov upon submission. Date Signed: Completed by Grants.gov upon submission.

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TIME TO GO HOW IT 12, 42 III DI OMPON

Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

45,000

Yes If "Yes" attach an explanation.

A I I ACHED ASSURANCES II	THE ACCIONATION IN THE PROPERTY OF THE PROPERT	
a. Authorized Representative		
Prefix MRS.	First Name TONYA	Middle Name A.
Last Name DOWSE		Suffix
b. Title EXECUTIVE DII	RECTOR A	c. Telephone Number (give area code) 530-842-1638
d. Signature of Authorized Repr		e. Date Signed 03-01-2006

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g. TOTAL

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

V No

MAR - 1 2006 USDA, Rural Development 215 Executive Ct., Ste B Yreka, Ca 96097-2692

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE	•	2. DATE SUBMITTED 3. DATE RECEIVED BY	pch 10.20	Applicant Ider	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION	Non-construction				
Legal Name:			Organizationa	I Unit:	
Access Services, Inc. PO Box 7	1684, L.A.		Department:		
Organizational DUNS: 883300121			Division:		
Address:	The same of the sa		Name and tele	ephone number of pe application (give are	erson to be contacted on matters
Street: PO Box 71684	RE	CEIVED	Prefix:	First Name:	sa couc ₎
City: Los Angeles, CA	M.A	AR 1 6 2006	Middle Name		
County:			Last Name Avancena		
Los Angeles State: CA	Zip Code STATE	CLEARING HOUSE	Suffix:		
	90071	THING HOUSE	Email:		
Country: USA			avancena@as	ila.org	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number	r (give area code)	Fax Number (give area code)
9 5 - 4 4 8 9 7 1 1]		213.270.6000		213.270.6048
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See bac	ck of form for Application Types)
✓ Nev	w 🖺 Continuatio	n Revision	0		
If Revision, enter appropriate let (See back of form for descriptior	ter(s) in box(es)		Other (specify)		
(See back of form for description					
Other (specify)			Federal Trans	EDERAL AGENCY: it Administration	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	1	TIVE TITLE OF APPL	
		20-5/3	Transportat purchased train	ion Services Including nsportation; 2) Vehicle	g eligibility, customer services and e Replacement
TITLE (Name of Program): 5310					
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):			
Los Angeles County					
13. PROPOSED PROJECT				SSIONAL DISTRICTS	
Start Date: 7/1/2006	Ending Date: 9/30/20	^7	a. Applicant 21-47		b. Project 21-47
15. ESTIMATED FUNDING:	1/30/00				REVIEW BY STATE EXECUTIVE
lo lo			ORDER 12372	PROCESS?	N/APPLICATION WAS MADE
a. Federal \$ b. Applicant \$	50,562,00	00	a. Yes. □ A\	VAILABLE TO THE ST ROCESS FOR REVIE	TATE EXECUTIVE ORDER 12372
		. 00			
c. State \$		•		ATE:	VEDED DV E. O. 40070
d. Local \$	6,550,80	13	b. No.		VERED BY E. O. 12372
e. Other \$, ,	•	- F(OR REVIEW	OT BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE AF	PLICANT DELINQUI	ENT ON ANY FEDERAL DEBT?
g. TOTAL \$	57,112,80	<i>43</i>		s" attach an explanatio	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	OWLEDGE AND BELIEF AUTHORIZED BY THE	F, ALL DATA IN THIS AP GOVERNING BODY OF	PLICATION/PRE THE APPLICAN	EAPPLICATION ARE IT AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative	First Name			Middle Name	
Prefix	I I St Name MAT	THEW		Suffix	-
Last Name AVANCEN	Δ				
b. Title STEATEGIC	PLANNER	2		c. Telephone Numbe 213.270.6000	r (give area code)

d. Signature of Authorized Representative

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e. Date Signed Wanch 10, 2006

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

							OMB Approval No. 0348-0043
APPLICATION F FEDERAL ASSIS		E)	2. DATE SUBMITTED		Ap	plicant Identifier
1. TYPE OF SUBMISSION Application □ Construction □ Non-Construction		Preapplication ☐ Construction ☐ Non-Construction		3. DATE RECEIVED B	Y STATE	Sta	te Application Identifier
				4. DATE RECEIVED B	Y FEDERAI	AGENCY Fe	deral Identifier
5. APPLICANT INFORM	ATION						144
Legal Name Los Angeles County 1	Motronol	litan Transportation	Authority	Organizational Unit:	J D-12	A 1	
			Authority	Programming			4-1
Address (give city, state, and One Gateway		:		area code)	nder of the p	erson to be contac	ted on matters involving this application (give
1		rnia 90012-2952		Nela De Casti (213) 922-616			
6. EMPLOYER IDENTIF 95 - 44 0 1 9	6. EMPLOYER IDENTIFICATION NUMBER (EIN):				NT: (enter ap	ppropriate letter in	box) N
8. TYPE OF APPLICATION X New Continua	ON:	vision		B County I C Municipal J D Township K	Independent State Contro Private Uni Indian Trib Individual	lled Institution of versity	Higher Learning
If Revision, enter appropri	ate letter(Decrease		uration	F Intermunicipal G Special District			
A Increase Award B D Decrease Duration			นเ สนเปม	State Chartere	d Transi	t District	
				9. NAME OF FEDERA			
				Federal Trans	sit Admii	nistration	
10. CATALOG OF FEDE	RAL DOM	1ESTIC 20 - 5	07	11. DESCRIPTIVE TIT	TLE OF APP	LICANTS PROJ	ECT:
ASSISTANCE NUMBE TITLE 49 U.S.C		7		CA-90-Y454	– FY05 T	Fransit Enh	angements EIVED
12. AREAS AFFECTED B			es, etc.)				MAR 1 3 2006
City and County of L	os Ange	eles, CA					
13. PROPOSED PROJEC	Г	14. CONGRESSIONA	L DISTRICTS OF	<u>. L </u>			STATE CLEARING HOUSE
Start Date		Ending Date	a. Applicant			b. Project	AND THE PROPERTY OF THE PROPER
05/01/05		12/30/07	25 through 39, 42, 46			Same as A	Applicant
15. ESTIMATED FUNDIN	(G		16. IS APPLICATIO	N SUBJECT TO REVIE	W BY STAT	E EXECUTIVE O	PRDER 12372 PROCESS?
a Federal	\$	516,210.00	ORDER 12 DATE _03 b NO □ PR	372 PROCESS FOR REV	/IEW ON RED BY E O	12372	ILABLE TO THE STATE EXECUTIVE FOR REVIEW
b Applicant	\$.00					
c State	\$.00					
d Local	\$	129,053.00					
e Other	\$.00	15 10 THE 4 PRI IC	LAND DEL INQUENT ON	LANGUERDE	DAX DEDMO	
f Program Income	\$.00		ANT DELINQUENT ON es" attach an explanation			
g TOTAL	\$	645,263.00					
18. TO THE BEST OF MY KN GOVERNING BODY OF THE							IENT HAS BEEN DULY AUTHORIZED BY THE DED
a Typed Name of Authorize	ed Represo	entative			b Title Director	ogram Manageme	c Telephone number
Gladys Lowe	Dan-4a	ativo			ļ		ent (213) 922-2459
d. Signature of Authorized	Kepresent	2			e. Date Sign	ea } O_	
Previous Editions Not Usabl	e				1/		Standard Form 424 REV 4/88;

APPLICATION FOR FEDERAL ASSISTANCE SF-424		Version 02
1. Type of Submission: Preapplication X Application Changed/Corrected Application 2. Type of Application New X Continuatio Revision	n	, Mirkelago
3. Date Received	4. Applicant Identifier:	RECEIVED MAR 1 0 2006
5a. Fed Entity Identifier:	5b. Federal Award Identifier: R021438	STATE CLEARING HOUSE
State Use Only:		TO OO C.
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
a. Legal Name: State of California		
b. Employer/Taxpayer Identification Number (EIN/TIN): 680364962	c. Organizational DUNS: 002540768	
d. Address:		
Street 1: 1516 Ninth Street MS-1		
Street 2:		
City: Sacramento		
County: Sacramento		· .
State: CA		
Province:		
Country: U.S.A.		
Zip / Postal Code: 95814-5512		
e. Organizational Unit:		
Department Name:	Division Name:	
·	California Energy Commission	
f. Name and contact information of person to be contacted on matters inv	olving this application:	
Prefix: Mr. First Name: John		
Middle Name: P.		• .
Last Name: Butler		
Suffix: II		
Title: Staff Services Manager I		
Orginizational Affiliation:		
Telephone Number: (916)654-4204	Fax Number: (916)654-4076	
Email: jbutler@energy.state.ca.us		

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		Expiration Date: 07/31/2006
APPLICATION FOR FEDERAL ASSISTANCE SF-424		Version 02
9. Type of Applicant:		
A State Government (State)		
10. Name of Federal Agency:		
U.S. Department of Energy		
11. Catelog of Federal Domestic Assistance Number:	•	
81.041		
State Energy Program		
12. Funding Opportunity Number:		,1,
DE		•
13. Competition Identification Number:		
	,	
14. Areas Affected by Project (Cities, Counties, States, etc.): Statewide		
15. Descriptive Title of Applicant's Project:		
		•
	•	

APPLICATION FOR FEDERAL ASSISTANCE SF-424		Version 02
16.Congressional Disctrict Of:		
a. Applicant: 05	b. Project: Statewide	
Attach an additonal list of Program/Project Congressional Districts if need	led:	
	•	
17. Proposed Project:		
a. Start Date: 07/01/2006	b. End Date: 06/30/2007	
18. Estimated Funding (\$):		
a. Federal 2,269,000.00		
b. Applicant 453,800.00		•
c. State 2,014,509.04		•
d. Local 0.00		.*
e. Other 0.00		
f. Program Income 0.00		
g. TOTAL 4,737,309.04		
19. Is Application subject to Review By State Under Executive Order 12372	Process?:	
X a. This application was made available to the State under the Executive Ord	der 12372 Process for review on: 03/10/2006	
b. Program is subject to E.O. 12372 but has not been selected by the State		· .
c. Program is not covered by E.O. 12372		
20. Is the applicant Delinquent On Any Federal Debt? (If "Yes", provide exp		-
	lanation)	
No		
21. By signing this application, I certify (1) to the statements contained in the	he list of certifications** and (2) that the statements	
herein are true, complete and accurate to the best of my knowledge. I also comply with any resulting terms if I accept an award. I am aware that any fa	provide the required assurances** and agree to	
may subject me to criminal, civil, or administrative penalties. (U.S. Code Tit	tie 218, Section 1001)	
		•
** The list of certifications and assurances, or an internet site where you may ob	plain this list, is contained in the announcement or agency	, ·
specific instructions.		
Authorized Representative:		
Prefix: Mr. First Name: John		
Middle Name: P.		·
Last Name: BUTLER		
Suffix: TI		·
Title: STAFF SERVICES MANAGER T		-
	Fax Number: (916) 654-4076	
Email: jbutter@ energy. state. ca. us		
Signature of Authorized Representative:	Date Signed:	
	- 1 1	
	55m-1 3/10/06	·
		.

mar 10 06 02:12p

OMB Number: 4040-004 Expiration Date: 07/31/2006

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

Applicant Federal Debt Delinquency Explanation:

The following field should contain an explanation if the Applicant is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

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Application for		2. DATE SUBMITTED:	Applica: fier	
Federal Assistance	e			
1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	State Application I tentif RECEIVED	
Application	Preapplication		Man Some IV Tomas Land	
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier MAR - 8 2006	
Non-construction	Non-construction			
5. APPLICANT INFORMATION			STATE CLEARING HOUSE	
Legal Name:	State of California	Organizational Unit:	Department of Health Services	
	, and the second	Name and telephone number of the person to be contact	ted on matters involving this application (give area code)	
1616 Capitol Avenue, 2nd P.O. Box 997413 Sacramento, CA 95899-74		Glenn	ı Takeoka (916) 449-5693	
6. EMPLOYER IDENTIFICATION I		7. TYPE OF APPLICANT: (enter appropriate letter he	ere) A	
· ·	-0317191	A. State	H. Independent School District	
8. TYPE OF APPLICATION:	·	B. County	I. State Controlled Instituion of Higher Learning	
✓ New Continuati	on Revision	C. Municipal	J. Private University	
If Revision, enter appropriate letter(s)	in box(es)	D. Township	K. Indian Tribe	
A. Increase Award	B. Decrease Award	E. Interstate	L. Individual	
C. Increase Duration	D. Decrease Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify):	
Other Specify:		G. Special Bission		
		9. NAME OF FEDERAL AGENCY:		
		 	rironmental Protection Agency	
10. CATALOG OF FEDERAL	CU 66-472	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJE		
DOMESTIC ASSISTANCE NU	MBER:	Implementation of Water Quality Mor	nitoring and Public Notification Programs	
The property of				
TITLE: BEACH 12. AREAS AFFECTED BY PROJE	CT (cities, counties, states, etc.)	<u> </u>		
State of Califo	onia Coastal Counties			
13. Proposed Project:		14. CONGRESSIONAL DISTRICT OF:		
Start Date	End Date	a. Applicant:	b. Project	
	·	Department of Health Services	State of California Coastal Areas	
		-	EVIEW BY STATE EXECUTIVE ORDER	
15. Esimated Funding:		a. YES, THIS PREAPPLICATION/APF	PLICATION WAS MADE AVAILABLE TO	
a. Federal	\$ 516,960	THE STATE EXECUTIVE ORDER		
b. Applicant	\$ -	ON:		
c. State	-	DATE: June 30, 2006		
d. Local	\$ -	b. NO.		
e. Other: 1:1 Match	\$ -	PROGRAM IS NOT COVERED BY E.O. 12372		
f. Program Income		OR PROGRAM HAS NOT BE	EEN SELECTED BY STATE FOR REVIEW	
g. TOTAL	\$ 516,960			
		Yes If "Yes," attach an explanation	No	
18. AUTHORIZED	OF MY KNOWLEDGE AND BELIEF, ALL . DBY THE GOVERNING BODY OF THE API	DATA IN THIS APPLICATION/PREAPPLICATION A PLICANT AND THE APPLICANT WILL COMPLY W	RE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY ITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed name of	Authorized Representative.	b. Title	c. Telephone Number	
Mark Horton, MD, MSPH		State Public Health Officer	(916) 440-7400	
d. Signature of Ati	thorized Representative		e. Date Signed	



Second Program Year Action Plan

The CPMP Second Annual Action Plan includes the SF 424 and Narrative Responses to Action Plan questions that CDBG, HOME, HOPWA, and ESG grantees must respond to each year in order to be compliant with the Consolidated Planning Regulations. The Executive Summary narratives are optional.

SF 424

Complete the fillable fields (blue cells) in the table below.	The	other	items	are p	ore-
filled with values from the Grantee Information Workshee	-				

Date Submitted 05/15/2006	Applicant Identifier B-05-UC-06-0502	Type of Submission		
Date Received by state	State Identifier	Application	Pre-application	
Date Received by HUD	Federal Identifier		☐ Construction	
		☐ Non Construction	■ Non Construction	
Applicant Informati	on			
COUNTY OF KERN		CA69029 KERN COUN	PECE MAR - 6	23 B .
2700 "M" Street, Suite 250		063-811-350		:/V
0		Organizational Unit	MAD .	~ " '
Bakersfield	California	Board of Supervisors	- 100	; 201
93301	Country U.S.A.	Division	STATECIE	
Employer Identification N	umber (EIN):	County: Kern County	STATE CLEARIN	IG H
95-6000925		Program Year Start Da	ate (MM/DD)	Activities & Management of
Applicant Type:		Specify Other Type	if necessary:	
Local Government: County		Specify Other Type		
		U.S. Department o		
Program Funding		Housing and l	Jrban Development	
Catalogue of Federal Domest Areas Affected by Project(s) (ic Assistance Numbers (cities, Counties, locali	; Descriptive Title of Ap _l ties etc.); Estimated Fur	olicant Project(s); nding	
Community Developme	nt Block Grant	14.218 Entitlement	Grant	
The development of viable communities, including decent housing, a suitable living environment, and expanding economic opportunities principally for persons of low and moderate income, and other purposes pursuant to Title 1 of the Act.		Unincorporated command the 6 cooperative Arvin, California City, Shafter, and Tehachap	Maricopa, Ridgecrest,	
\$CDBG Grant Amount - \$5,18		D Grant(s) Descri	lbe	
\$Additional Federal Funds Leveraged		\$Additional State Funds Leveraged		
\$Locally Leveraged Funds		\$Grantee Funds Leveraged		
\$Anticipated Program Income		Other (Describe)		
\$Anticipated Program Income Total Funds Leveraged for CD		Other (Describe)		

Home Investment Par	tnerships Program	14.2	39 HOME		
To provide for decent, safe housing for low and moder to expand the long-term su housing in Kern County.	ate income families and				
\$HOME Grant Amount - \$2	,111,018 \$Additional F Leveraged -		nt(s) Describe		
\$Additional Federal Funds Leveraged - \$0			\$Additional State Funds Leveraged - \$0		
\$Locally Leveraged Funds - \$0		\$Gra	\$Grantee Funds Leveraged - \$0		
\$Anticipated Program Inco	me	Othe	r (Describe)		
Total Funds Leveraged f	or HOME-based Proje	ect(s)			
Housing Opportunitie	s for People with	14.2	241 HOPWA		
\$0	\$0				
\$0	\$0		\$0		
\$		\$0	\$0		
\$0		0	0		
Emergency Shelter Gr	ants Program	14.2	31 ESG		
			Metropolitan Bakersfield and the City of Ridgecrest.		
\$ESG Grant Amount - \$231,829	\$Additional HUD Gra \$0	ant(s) L	everaged - Describe		
		\$Add	\$Additional State Funds Leveraged - \$0		
\$Locally Leveraged Funds		\$Gra	\$Grantee Funds Leveraged - \$0		
			Other (Describe) - Locally leveraged funds is the value of hours contributed by volunteers.		
Total Funds Leveraged for	ESG-based Project(s)				
20 th & 21 st 20 th & 21 st Exec			ation subject to review by state e Order 12372 Process?		
Is the applicant delinquer debt? If "Yes" please includocument explaining the	it on any federal ude an additional	∑ Yes	This application was made available to the state EO 12372 process for review on February 27, 2006		
Yes	No □	□ No □ N/A	Program is not covered by EO 12372 Program has not been selected by the state for review		